

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001467

FILED  
Mar 01, 2010  
Secretary of State

**Entity Name:** NEWPORT COAST SECURITIES, INC.

**Current Principal Place of Business:**

4100 NEWPORT PLACE SUITE 630  
NEWPORT BEACH, CA 92660

**New Principal Place of Business:**

18872 MACARTHUR, STE 100  
IRVINE, CA 92612

**Current Mailing Address:**

4100 NEWPORT PLACE SUITE 630  
NEWPORT BEACH, CA 92660

**New Mailing Address:**

18872 MACARTHUR, STE 100  
IRVINE, CA 92612

**FEI Number:** 95-3463518

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MURPHY, PAUL  
1411 NE 22ND AVE  
OCALA, FL 34470 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: MS  
Name: MCPHERSON, KATHLEEN  
Address: 18872 MACARTHUR, STE 100  
City-St-Zip: IRVINE, CA 92612

Title: MR  
Name: KESSLER, KRISTOPHER  
Address: 18872 MACARTHUR, STE. 100  
City-St-Zip: IRVINE, CA 92612

Title: MR.  
Name: LOPEZ, DEREK  
Address: 18872 MACARTHUR, STE 100  
City-St-Zip: IRVINE, CA 92612

Title: MS.  
Name: SCOTT, DEBORAH  
Address: 18872 MACARTHUR, STE 100  
City-St-Zip: IRVINE, CA 92612

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** KATHLEEN MCPHERSON

MS.

03/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date