2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 19, 2007 08:00 A **DOCUMENT # F95000005362 Secretary of State** NEWPORT TECHNOLOGY COMPANY Principal Place of Business Mailing Address 1801 NW 77TH ST. 1801 NW 77TH ST. GAINESVILLE, FL 32605 GAINESVILLE, FL 32605 CR2E034 (11/05) 03142007 No Chq-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3337871 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301-0000 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00. Cau, Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 ,, Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME ROBERTSON, GREGG A 1801 NW 77TH ST. STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32605 TITLE NAME STREET ADDRESS 000000670478 03/27/07-80115-003 150.00 CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-21P TITE F NAME STREET ADDRESS

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Gregg Kobertson

YPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

3/15/07

800-B77-4224

Daytime Phone #