2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2005
Secretary of State

DOCUMENT# P00000027697

Entity Name: MIDPORT INVESTORS, INC.

Current Principal Place of Business:

5290 HIATUS RD.
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

5290 HIATUS RD.
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 65-1005828 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VITALE, STEVEN G ESQ
326 SW OSCEOLA STREET
STUART, FL 34994 US

Name and Address of New Registered Agent:

AKRA, JOSEPH P
5290 HIATUS ROAD
SUNRISE, FL 33351 US

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: JOSEPH P. AKRA 07/14/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: VITALE, OTTO
Address: 401 E. OCEAN BLVD
City-St-Zip: STUART, FL 34994

Title: VPD ( ) Delete
Name: DAVIS, JAMES R
Address: 5290 HIATUS RD.
City-St-Zip: SUNRISE, FL 33351

Title: SD (X) Delete
Name: AKRA, JOSEPH P
Address: 5290 HIATUS RD
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: AKRA, JOSEPH P
Address: 5290 HIATUS
City-St-Zip: SUNRISE, FL 33351

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOSEPH P. AKRA PD 07/14/2005
Electronic Signature of Signing Officer or Director Date