

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90106 034 \*\*\*158.75

**DOCUMENT # P01000039703**

1. Entity Name  
**ALLIANCE/NEWPORT, INC.**



Principal Place of Business  
**1205 W. FLETCHER AVENUE  
SUITE C  
TAMPA, FL 33612**

Mailing Address  
**1205 W. FLETCHER AVENUE  
SUITE C  
TAMPA, FL 33612**

**60002641**

2. Principal Place of Business - No P.O. Box #  
**N/A**

3. Mailing Address  
**P.O. BOX 49255**



Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082007

Chg-P

CR2E034 (12/06)

City & State  
**TAMPA, FL**

City & State  
**ST. PETERSBURG, FL**

4. FEI Number  
**03-0500166**

Applied For  
Not Applicable

Zip  
**33618**

Country  
**US**

Zip  
**33743-9255**

Country  
**US**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MORINA, MICHAEL J.  
14502 N DALE MABRY HWY  
SUITE 200  
TAMPA, FL 33618**

**7. Name and Address of New Registered Agent**

Name  
**MORINA, MICHAEL J.**  
Street Address (P.O. Box Number is Not Acceptable)

**11714 PLUMOSA ROAD**  
City **TAMPA** FL Zip Code **33618**

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 **MICHAEL J. MORINA, PRESIDENT** 1/12/2007  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D MURPHY, SUE  
401 E JACKSON ST #2700  
TAMPA, FL 33602** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D MORINA, MICHAEL J.  
14502 N DALE MABRY HWY  
TAMPA, FL 33618** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D/P MORINA, MICHAEL J.  
11714 PLUMOSA RD.  
TAMPA, FL 33618** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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: **MICHAEL J. MORINA, PRESIDENT** 1/12/2007 813-215-6880  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #