2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008
Secretary of State

DOCUMENT# P01000092502

Entity Name: NEWPORT RETIREMENT SERVICES, INC.

Current Principal Place of Business:

300 INTERNATIONAL PARKWY STE 270
HEATHROW, FL 32746

New Principal Place of Business:

300 INTERNATIONAL PARKWY
SUITE 270
HEATHROW, FL 32746 US

Current Mailing Address:

300 INTERNATIONAL PARKWY STE 270
HEATHROW, FL 32746

New Mailing Address:

300 INTERNATIONAL PARKWY
SUITE 270
HEATHROW, FL 32746 US

FEI Number: 62-1868111 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAHALL, PETER S
300 INTERNATIONAL PARKWAY
SUITE 270
HEATHROW, FL 327465028 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: D ( ) Delete
Name: CAHALL, PETER S
Address: 300 INTERNATIONAL PARKWY STE 270
City-St-Zip: HEATHROW, FL 32746

Title: D ( ) Delete
Name: CAMPISI, JAMES M
Address: 300 INTERNATIONAL PARKWY STE 270
City-St-Zip: HEATHROW, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CAHALL, PETER S
Address: 300 INTERNATIONAL PARKWY STE 270
City-St-Zip: HEATHROW, FL 32746 US

Title: D (X) Change ( ) Addition
Name: CAMPISI, JAMES M
Address: 300 INTERNATIONAL PARKWY STE 270
City-St-Zip: HEATHROW, FL 32746 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LINDA CROY BM 04/25/2008

Electronic Signature of Signing Officer or Director — Date