


**2005 FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000156075</b> 1. Entity Name NEWPORT FINANCIAL SERVICES, INC.	
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Principal Place of Business 300 INTERNATIONAL PARKWAY SUITE 270 HEATHROW, FL 32746	Mailing Address 300 INTERNATIONAL PARKWAY SUITE 270 HEATHROW, FL 32746
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  
  
CAHALL, PETER S  
300 INTERNATIONAL PKWY #270  
LAKE MARY, FL 32746

**DO NOT WRITE  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAHALL, PETER S 300 INTERNATIONAL PARKWAY SUITE 270 HEATHROW, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPISI, JAMES M 300 INTERNATIONAL PARKWAY SUITE 270 HEATHROW, FL 32746
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05/03/05-80142-003 150.00

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify 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 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:** Peter S. Cahall 4/13/05 (407) 333-2905  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #