


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90159 024 ***150.00

DOCUMENT # P04000016097
 1. Entity Name
 NEWPORT ADMINISTRATIVE SERVICES, INC.



Principal Place of Business
 300 INTERNATIONAL PARKWAY SUITE 270
 HEATHROW, FL 32746

Mailing Address
 300 INTERNATIONAL PARKWAY SUITE 270
 HEATHROW, FL 32746

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



04252006 Chg-P CR2E034 (11/05)

4. FEI Number
 20-0629310

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 DEAN MEAD SERVICES, LLC
 300 INTERNATIONAL PARKWAY, #270
 HEATHROW, FL 32746

7. Name and Address of New Registered Agent
 Name Campisi, James M
 Street Address (P.O. Box Number is Not Acceptable) 300 International Parkway
Suite 270
 City Heathrow FL Zip Code 32746

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 4/25/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CAHALL, PETER S 300 INTERNATIONAL PARKWAY SUITE 270 HEATHROW, FL 32746 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CAMPISI, JAMES M 300 INTERNATIONAL PARKWAY SUITE 270 HEATHROW, FL 32746 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:  James M Campisi DATE 4/25/06 (407) 333-2905

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #