

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000119167

FILED
Apr 29, 2010
Secretary of State

Entity Name: NEWPORT INSURANCE MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

400 ARTHUR GODFREY ROAD
SUITE 508
MIAMI BEACH, FL 33140 US

New Principal Place of Business:

Current Mailing Address:

400 ARTHUR GODFREY ROAD
SUITE 508
MIAMI BEACH, FL 33140 US

New Mailing Address:

P.O. BOX 403027
MIAMI BEACH, FL 33140 US

FEI Number: 26-1347739

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITCHEL, KROUSE ESQ.
400 ARTHUR GODFREY RD.
SUITE 508
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

COSNER, III, HOWARD E
400 ARTHUR GODFREY RD.
SUITE 508
MIAMI BEACH, FL 33140 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: HOWARD E COSNER, III

04/29/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D
Name: GANZ, SIMON
Address: 4512 FARRAGUT ROAD
City-St-Zip: BROOKLYN, NY 11203 US

Title: PTS
Name: STEVENS, THERESE A
Address: P.O. BOX 403027
City-St-Zip: MIAMI BEACH, FL 33140 US

I hereby 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 all other like empowered.

SIGNATURE: HOWARD E COSNER, III

CFO

04/29/2010

Electronic Signature of Signing Officer or Director

Date