2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 15, 2005 08:00 AM Secretary of State DOCUMENT # P97000000096 1. Entity Name NEWPORT COMMUNICATIONS GROUP, INC. Principal Place of Business Mailing Address 910 OHIO AVENUE POST OFFICE BOX 2016 PALM HARBOR, FL 34682-2016 UNIT E PALM HARBOR, FL 34684 CR2E034 (10/03) 03292005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4, FEI Number 59-3421059 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent CAYA, SUSAN L DO NOT WRITE 637 DRAKE LANE NO DUNEDIN, FL 34698 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. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME CAYA SUSAN L 637 DRAKE LANE NO STREET ADDRESS H000001306324 DUNEDIN, FL 34698 CITY-ST-ZIP 04/15/05-8ŏŌŌŌ-004 150.0g∵ TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

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 ogth; 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 10

V L. CAYA AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED