

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000064997

FILED
Jan 30, 2007
Secretary of State

Entity Name: NEWSPORT PHOTOGRAPHY, INC.

Current Principal Place of Business:

20532 SUN VALLEY DR
LAGUNA BEACH, CA 92651 US

New Principal Place of Business:

Current Mailing Address:

6530 SW 54TH LANE
MIAMI, FL 33155 US

New Mailing Address:

FEI Number: 65-0938374 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DONALD H. DAVIDSON, CPA, PA
6530 SW 54TH LANE
MIAMI, FL 33155 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: P () Delete
Name: HELMS, DAN
Address: 7290 SW 48TH STREET
City-St-Zip: MIAMI, FL 33155

Title: VCFO () Delete
Name: MADISON, DAVID
Address: 7290 SW 48TH STREET
City-St-Zip: MIAMI, FL 33155

Title: VS () Delete
Name: RICKMAN, RICK
Address: 7290 SW 48TH STREET
City-St-Zip: MIAMI, FL 33155

Title: V () Delete
Name: TIELEMANS, AL
Address: 7290 SW 48TH STREET
City-St-Zip: MIAMI, FL 33155

Title: V () Delete
Name: BRUTY, SIMON
Address: 7290 SW 48TH STREET
City-St-Zip: MIAMI, FL 33155

Title: SS () Delete
Name: ALLEN, ROBERT N JR
Address: 601 BRICKELL KEY DR #805
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DAN HELMS

P

01/30/2007

Electronic Signature of Signing Officer or Director

Date