

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000064997

FILED
Mar 20, 2009
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: WALKER, LES
Address: P.O. BOX 4126
City-St-Zip: IDYLLWILD, CA 92549

Title: CFO () Delete
Name: MADISON, DAVID
Address: 3 TYNAN WAY
City-St-Zip: PORTOLA VALLEY, CA 94028

Title: S () Delete
Name: RICKMAN, RICK
Address: 2 CIRCLE HILL
City-St-Zip: LAGUNA NIGUEL, CA 92677

Title: VP () Delete
Name: TIELEMANS, AL
Address: 208 WHISPER WAY
City-St-Zip: CHALFONT, PA 18914

Title: VP () Delete
Name: BRUTY, SIMON
Address: 4241 GARFIELD STREET
City-St-Zip: WASHINGTON, DC 20007

Title: VP () Delete
Name: HELMS, DAN
Address: 5740 SW 57TH TERRACE
City-St-Zip: MIAMI, FL 33143

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 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: DONALD H. DAVIDSON

RA

03/20/2009

Electronic Signature of Signing Officer or Director

_____ Date