## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**



## FILED Apr 11, 2007 8:00 am Secretary of State

| 1. Entity Name NEWPORT ENERGY CORPORATION  |   |  |                                |  | 04-11-2007 90015 027 ***150.00 |                        |  |                              |                           |
|--|---|--|--------------------------------|--|--------------------------------|------------------------|--|------------------------------|---------------------------|
| Principal Place of Business<br>3251 SAN BEMADINO STREET<br>SUITE 333<br>CLEARWATER, FL 33759 |   | Mailing Address<br>3251 SAN BEMADINO STREET<br>SUITE 333<br>CLEARWATER, FL 33759 |                                |  |                                |                        | 11 <b>86</b> 111 <b>8188</b> 1 1 <b>8</b> 68 | <b>3</b>       <b>6  3  </b> | <b>  1</b>                |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address   |                                |  |                                |                        |  |                              |                           |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |                                |  | 01122007                       | Chg-P                  | CR2E034                                      | ·                            |                           |
| City & State   |   | City & State   |                                |  | 4. FEI Number                  | 46338                  | · · · · · · · · · · · · · · · · · · ·        | No                           | plied For<br>t Applicable |
| Zip  | Country   | Zip  | Coun                           | try  | <u> </u>                       | of Status Desired      | L F  | 8.75 Add<br>ee Required      |                           |
|  | 6. Name and Address of Curren   | t Registered Agent   |                                | Name   | 7. Name and /                  | Address of New R       | legistered Ag                                | ent                          |                           |
| BRUYNELL, JOHN E<br>3251 SAN BEMADINO STREET<br>SUITE 333                                    |   |  |                                | Street Address (P.O. Box Number is Not Acceptable) |                                |                        |  |                              |                           |
|  | TER, FL 33759   |  |                                | City   |                                |                        | FL   | Zip Code                     | <b>.</b>                  |
| the obligati   | named entity submits this statement ions of registered agent.             | for the purpose of changing  | ng its register                | L<br>ed office or registe                          | ered agent, or both            | n, in the State of Flo |  | L<br>miliar with,            | and accept                |
| SIGNATURE_   | Signature, typed or printed name of registered ager                       | nt and title if applicable.  | (NOTE: Registere               | d Agent signature require                          | ed when reinstating)           |                        | DATE   |                              |                           |
|  | E NOW!!! FEE IS \$150.00<br>ay 1, 2007 Fee will be \$550                  | 9. Election Ca   | ampaign Finar<br>Contribution. |  | 5.00 May Be<br>ded to Fees     |                        |  |                              | - 11                      |
| 10.  | OFFICERS ANI  |  | 11.                            | 1  | ADDITIONS/                     | CHANGES TO OFF         |  |                              |                           |
| TITLE  NAME  STREET ADDRESS : CITY-ST-ZIP  | D<br>BRUYNELL, JOHN E<br>3251 SAN BEMADINO STREET<br>CLEARWATER, FL 33759 | ☐ Delete   | NAM<br>STRI                    |  |                                |                        |  | Change                       | Addition                  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | ☐ Delete   |                                |  |                                |                        |  | ☐ Change                     | Addition                  |
| NAME STREET ADDRESS CITY-ST-ZIP  |   | ☐ · Delota ·   | NAM<br>STRI                    |  |                                |                        | .!   | □ Change                     | ☐ Addition                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | □ Delete   | NAM<br>STR                     |  |                                |                        |  | ☐ Change                     | Addition                  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | ☐ Delete   | NAM<br>STR                     |  |                                |                        |  | ☐ Change                     | ☐ Addition                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | □ Delete   | NAA<br>STR<br>CITY             | ME<br>EET ADDRESS<br>7-ST-ZIP                      |                                |                        |  | ☐ Change                     | ☐ Addition                |
| 12 Thereby i   | certify that the information supplied w                                   | ith this filing does not qua   | ality for the ex               | emptions containe                                  | ed in Chapter 119              | . Florida Statutes.    | I turther certif                             | y that the ir                | ntormation                |

Interest certify that the minimator supplied with this ming does not quality for the exemptions contained in Unapter 119. Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 of director of the corporation or the receiver or trustee empoyed do 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: