

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2006 08:00 AM
Secretary of State

DOCUMENT # 561286
1. Entity Name
R.F. PORTER AND ASSOCIATES, INC.



Principal Place of Business
**75 KONRAD CRESCENT, UNIT D
MARKHAM, ONTARIO, CANADA
L3R 8T8, XX**

Mailing Address
**75 KONRAD CRESCENT, UNIT D
MARKHAM, ONTARIO, CANADA
L3R 8T8, XX**



01252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1900390** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PETERSEN, ERIK H
2801-G ESTERO BLVD.
FORT MYERS BEACH, FL 33931-3530**

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------|
| TITLE | P |
| NAME | PORTER, REGINALD |
| STREET ADDRESS | 75 KONRAD CRESCENT |
| CITY-ST-ZIP | TORONTO, ONTARIO, |
| TITLE | V |
| NAME | PORTER, MARK |
| STREET ADDRESS | 75 KONRAD CRESCENT |
| CITY-ST-ZIP | TORONTO, ONTARIO, |
| TITLE | S |
| NAME | PORTER, JEAN |
| STREET ADDRESS | 75 KONRAD CRESCENT |
| CITY-ST-ZIP | TORONTO, ONTARIO, |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

000000406985
02/07/06-80112-013 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **Jan 25 / 06 416 346 7676**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #