


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000028387

1. Entity Name
MARK EDWARDS PORTER MESSAGE, INC.



Principal Place of Business Mailing Address

7210 RED ROAD, SUITE 202A **7210 RED ROAD, SUITE 202A**
SOUTH MIAMI, FL 33143 **SOUTH MIAMI, FL 33143**

DO NOT WRITE IN THIS SPACE



04192006 No Chg-P CR2ED34 (11/05)

4. FEI Number Applied For
65-0737441 Not Applicable

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

6. Name and Address of Current Registered Agent

EDWARDS PORTER, MARK
7210 RED ROAD, SUITE 202A
SOUTH MIAMI, FL 33143

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 _____

FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

After May 1, 2006 Fee will be \$550.00 **000000527368** **05/04/06-90110-014 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	PORTER, MARK EDWARDS
STREET ADDRESS	7210 RED ROAD, SUITE 202A
CITY-ST-ZIP	SOUTH MIAMI, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:  **4 | 20 | 06** **305-669-8424**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #