

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000077634

Entity Name: THE PORTOLAN GROUP, INC

FILED
Jun 10, 2007
Secretary of State

Current Principal Place of Business:

2030 BISPHAM RD
SARASOTA, FL 34231

New Principal Place of Business:

Current Mailing Address:

2030 BISPHAM RD
SARASOTA, FL 34231

New Mailing Address:

FEI Number: 65-0957517 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOVER, PHILIP R
6809 JARVIS ROAD
SARASOTA, FL 34241 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDC () Delete
Name: STOVER, PHILIP R
Address: 6809 JARVIS ROAD
City-St-Zip: SARASOTA, FL 34241

Title: VSM () Delete
Name: BURGESS, TERRY W
Address: 14 S. WHISPER COURT
City-St-Zip: COLUMBUS, GA 31909

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: PHILIP STOVER

PDC

06/10/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date