

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S14310

FILED  
Jan 10, 2006  
Secretary of State

Entity Name: PORTER WORLD TRADE, INC.

## Current Principal Place of Business:

1325 N ATLANTIC AVENUE, SUITE #304  
COCOA BCH., FL 32931

## New Principal Place of Business:

405 ATLANTIS RD  
E115  
CAPE CANAVERAL, FL 32920

## Current Mailing Address:

1325 N ATLANTIC AVENUE, SUITE #304  
COCOA BCH., FL 32931

## New Mailing Address:

405 ATLANTIS RD  
E115  
CAPE CANAVERAL, FL 32920

FEI Number: 59-3038133

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PORTER, JOHN  
1325 N ATLANTIC AVE STE 304  
COCOA BEACH, FL 32931 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: PORTER, JOHN K.  
Address: 215 HOLMAN RD  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: VP ( ) Delete  
Name: PORTER, JEAN JONES  
Address: 6315 N ATLANTIC AVE  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: T ( ) Delete  
Name: PORTER, MICHELLE  
Address: 215 HOLMAN RD  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: S ( ) Delete  
Name: MYERS, HELEN  
Address: 200 INTERNATIONAL DR, #206  
City-St-Zip: CAPE CANAVERAL, FL 32920

## 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:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN K PORTER

P

01/10/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date