## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S14310

Title:

Name:

Address:

City-St-Zip:

FILED Apr 03, 2008 Secretary of State

Entity Name: PORTER WORLD TRADE, INC.						
Current Pr	incipal Place	of Business:	New Prince	New Principal Place of Business:		
405 ATLAN E115						
CAPE CAN	IAVERAL, FL 3	32920				
Current Ma	ailing Address	<b>::</b>	New Maili	New Mailing Address:		
405 ATLAN E115	ITIS RD					
CAPE CANAVERAL, FL 32920						
FEI Number:	59-3038133	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired ( )	
Name and	Address of C	ırrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
PORTER, 0 1325 N ATI COCOA BE	JOHN LANTIC AVE S EACH, FL 3293	TE 304 31 US	405 ATLAN E-115	PORTER, JOHN 405 ATLANTIS RD E-115 CAPE CANAVERAL, FL 32920 US		
The above in the State		ubmits this statement for the pu	rpose of changing i	ts registered o	ffice or registered agent, or both,	
SIGNATURE: JOHN PORTER				04/03/2008		
Electronic Signature of Registered Agent				Date		
Election Carr	npaign Financing	Trust Fund Contribution ( ).				
OFFICERS	AND DIRECT	ORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () PORTER, JOHN 215 HOLMAN RI CAPE CANAVER	)	Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP () PORTER, JEAN 6315 N ATLANTI CAPE CANAVER	C AVE	Title: Name: Address: City-St-Zip:	VP (X) PORTER, STEF 51 STEPHANY FAIRVIEW, PA		
Title: Name: Address: City-St-Zip:	T () PORTER, MICHE 215 HOLMAN RE CAPE CANAVER	)	Title: Name: Address: Citv-St-Zip:	( )	Change ( ) Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN PORTER PRES 04/03/2008

() Delete

200 INTERNATIONAL DR, #206

CAPE CANAVERAL, FL 32920

MYERS, HELEN

() Change () Addition