
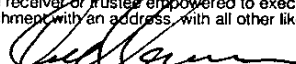


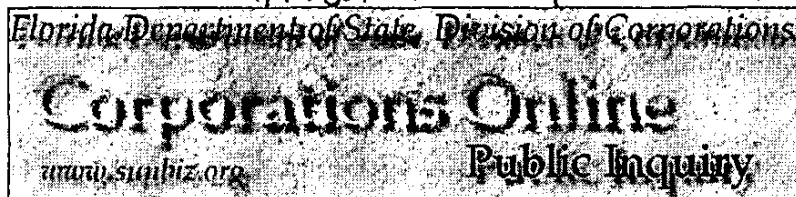
# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90193 008 \*\*\*158.75

<b>DOCUMENT # 198212</b> 1. Entity Name <b>THE PORTER-ALLEN CO INC</b>					
Principal Place of Business <b>1202 PACKER ST. (UPSTAIRS)</b> <b>KEY WEST, FL 33040</b>			Mailing Address <b>1202 PACKER ST. (UPSTAIRS)</b> <b>KEY WEST, FL 33040</b>		
2. Principal Place of Business <b>513 Southard St</b> Suite, Apt. #, etc.		3. Mailing Address <b>513 Southard St</b> Suite, Apt. #, etc.			
City & State <b>Key West Fl</b>		City & State <b>Key West</b>		4. FEI Number <b>59-0407360</b>	
Zip <b>33040</b>		Country <b>Monroe</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FREEMAN, DAVID W</b> <b>513 SOUTHARD ST</b> <b>KEY WEST, FL 33040</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>FREEMAN, ELIZABETH M</b> <b>183 SAWYER DR.</b> <b>SUMMERLAND, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>FREEMAN, ELIZABETH C.</b> <b>3700 FLAGLER AVENUE</b> <b>KEY WEST, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT</b> <b>FREEMAN, DAVID W.</b> <b>513 SOUTHARD STREET</b> <b>KEY WEST, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b>  <b>David W Freeman</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>1 6 2006</b>		Daytime Phone # <b>305 294 2542</b>	

#198212 40001643



## Florida Profit

## THE PORTER-ALLEN CO INC

## PRINCIPAL ADDRESS

1202 PACKER ST. (UPSTAIRS)  
KEY WEST FL 33040  
Changed 12/12/2005

## MAILING ADDRESS

1202 PACKER ST. (UPSTAIRS)  
KEY WEST FL 33040  
Changed 12/12/2005

Document Number  
198212

FEI Number  
590407360

Date Filed  
12/07/1956

State  
FL

Status  
ACTIVE

Effective Date  
NONE

## Registered Agent

Name & Address
FREEMAN, DAVID W 513 SOUTHARD ST KEY WEST FL 33040

## Officer/Director Detail

Name & Address	Title
FREEMAN, ELIZABETH M 183 SAWYER DR. SUMMERLAND FL	P
FREEMAN, ELIZABETH C. 3700 FLAGLER AVENUE KEY WEST FL	SD
FREEMAN, DAVID W. 513 SOUTHARD STREET KEY WEST FL	VPT