


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2007 08:00 AM
Secretary of State


DOCUMENT # 198212 1. Entity Name THE PORTER-ALLEN CO INC	
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Principal Place of Business 513 SOUTHARD STREET KEY WEST, FL 33040 US	Mailing Address 513 SOUTHARD STREET KEY WEST, FL 33040 US
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DO NOT WRITE IN THIS SPACE



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0407360	Applied For Not Applicable
5. Certificate of Status Desired 	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FREEMAN, DAVID W 513 SOUTHARD ST KEY WEST, FL 33040
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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</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FREEMAN, ELIZABETH M 513 SOUTHARD STREET KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FREEMAN, ELIZABETH C. 3700 FLAGLER AVENUE KEY WEST, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT FREEMAN, DAVID W. 513 SOUTHARD STREET KEY WEST, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000581277 01/10/07-80081-012 158.75</p> 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: 	1-5-2007	305 294-2542
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>

DAVID W. FREEMAN, CRON