

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 334807

FILED
Apr 25, 2006
Secretary of State

Entity Name: GALE PORTER, INC.

Current Principal Place of Business:

2513 COZUMEL DRIVE
TAMPA, FL 33618 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 273298
TAMPA, FL 33688 US

New Mailing Address:

FEI Number: 59-1219388

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PORTER, R GALE
500 EAST KENNEDY SUITE 200.
TAMPA, FL 33602 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, R GALE,
Address: 2603 MERIDA LANE
City-St-Zip: TAMPA, FL 33618

Title: S () Delete
Name: PORTER, JERRY G.,
Address: 2603 MERIDA LANE
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PORTER, R GALE,
Address: 2513 COZUMEL DRIVE
City-St-Zip: TAMPA, FL 33618

Title: S (X) Change () Addition
Name: PORTER, JERRY G.,
Address: 2513 COZUMEL DRIVE
City-St-Zip: TAMPA, FL 33618

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: R. GALE PORTER

P

04/25/2006

Electronic Signature of Signing Officer or Director

_____ Date