2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N07000000575

Entity Name: PORTER COLLOQUIUM FRIENDS, INC.

Current Principal Place of Business:

401 EL LAS OLAS BLVD, SUITE 130-346
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

401 EL LAS OLAS BLVD, SUITE 130-346
FORT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

UZELAC, CONI PORTER
401 E. LAS OLAS BLVD
STE 130-346
FORT LAUDERDALE, FL 33301 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

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: UZELAC, CONI PORTER
Address: 401 E. LAS OLAS BLVD STE 130-346
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: VPT ( ) Delete
Name: RUSSO, TANIA
Address: 2961 CONCOURSE DRIVE STE 401
City-St-Zip: POMPANO BEACH, FL 33069

Title: ST ( ) Delete
Name: UZELAC, MILAN
Address: 401 E. LAS OLAS BLVD STE 130-346
City-St-Zip: FORT LAUDERDALE, FL 33301

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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONI PORTER UZELAC PT 03/20/2009

Electronic Signature of Signing Officer or Director — Date