


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N34657**  
1. Entity Name  
**P.O.R.T., INC.**



Principal Place of Business <b>% ROSE SWEDLOW 21 LAKEPOINT CIRCLE PORT ORANGE, FL 32128</b>	Mailing Address <b>% ROSE SWEDLOW 21 LAKEPOINT CIRCLE PORT ORANGE, FL 32128</b>
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01102006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>69-2974973</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

8. Name and Address of Current Registered Agent  
**SWEDLOW, ROSE  
21 LAKEPOINT CIRCLE  
PORT ORANGE, FL 32128**

**DO NOT WRITE  
IN THIS SPACE**

9. 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: *Rose Swedlow* **Rose Swedlow** **1/30/2006**  
(NOTE: Registered Agent signature required when re-appointing) DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

1100000418951  
02/14/06-80027-025 '61.25'

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SWEDLOW, ROSE 21 LAKEPOINT CIRCLE PORT ORANGE, FL 32124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STANLEY, VIRGINIA 978 WENDAM CT PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORTON, JAMES B 1 LAKE POINT CIRCLE PORT ORANGE, FL 32128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TROTT, MARJORIE 106 UNDERBRUSH TR PORT ORANGE, FL 32124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASHLEY, CHARLES D 978 WENDAM CT PORT ORANGE, FL 32128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TROTT, WILLIAM 106 UNDERBRUSH TRL PORT ORANGE, FL 32124

**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 617, 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: *Rose Swedlow* **Rose Swedlow** **1-30-2006**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #