
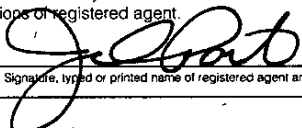
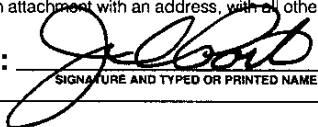


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90307 032 ***150.00

DOCUMENT # P01000031832 1. Entity Name JOHN PORTER ACCOUNTING INC																											
Principal Place of Business 1403 W. BOYNTON BEACH BLVD. #9 BOYNTON BEACH, FL 33426		Mailing Address 1403 W. BOYNTON BEACH BLVD. #9 BOYNTON BEACH, FL 33426																									
2. Principal Place of Business Suite, Apt. #, etc. John Porter Accounting 400 S. Federal Hwy. Suite 404		3. Mailing Address Suite, Apt. #, etc. 400 S. Federal Hwy. Suite 404																									
City & State Boynton Beach, FL 33435		4. FEI Number 65-1083460																									
Zip 33435		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent PORTER, JOHN 420 W PALM ST #7 LANTANA, FL 33462		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State FL 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:  DATE: 04/18/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">D</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PORTER, JOHN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>420 W PALM ST #7</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>LANTANA, FL 33462</td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	PORTER, JOHN		STREET ADDRESS	420 W PALM ST #7		CITY - ST - ZIP	LANTANA, FL 33462		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;"></td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		Date: 04/18/05 Daytime Phone #																									