


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000028652 1. Entity Name PORT ALLEY, INC.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 MAR 21 PM 3:15	
Principal Place of Business 905 MARINER WAY TAMPA, FL 33602				Mailing Address 905 MARINER WAY TAMPA, FL 33602			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 02-0680424				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KEATON, KAREN S 2816 BEACH BOULEVARD GULFPORT, FL 33707				7. Name and Address of New Registered Agent Name Joel D. Bronstein, Esq. Street Address (P.O. Box Number is Not Acceptable) Suite 1100 150 Second Avenue North City St. Petersburg FL Zip Code 33701			
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 <i>Joel D. Bronstein</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 3:15.05 <small>(NOTE: Registered Agent signature required when re-registering)</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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ALLEY, RUTH 905 MARINER WAY TAMPA, FL 33602 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ALLEY, JOHN E 905 MARINER WAY TAMPA, FL 33602 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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 807, 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: <i>John Edward Alley</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 3/11/05 Daytime Phone # 813-229-3490			

JOHN-EDWARD ALLEY