2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2005
Secretary of State

DOCUMENT# P03000066967

Entity Name: PORTER CONSULTING GROUP, INC.

Current Principal Place of Business:

320 SOUTH FLAMINGO ROAD
303
PEMBROKE PINES, FL 33027

New Principal Place of Business:

320 SOUTH FLAMINGO ROAD
SUITE #303
PEMBROKE PINES, FL 33027

Current Mailing Address:

2 S. UNIVERSITY DRIVE
STE. 215
PLANTATION, FL 33324 US

New Mailing Address:

320 SOUTH FLAMINGO ROAD
SUITE #303
PEMBROKE PINES, FL 33027 US

FEI Number: 80-0071642 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LYNN, BRIAN
2 S. UNIVERSITY DRIVE, STE. 215
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

CRAIG, PORTER M
320 SOUTH FLAMINGO ROAD
SUITE #303
PEMBROKE PINES, FL 33027 US

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: CRAIG M. PORTER 09/02/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PORTER, CRAIG
Address: 320 SOUTH FLAMINGO ROAD
City-St-Zip: PEMBROKE PINES, FL 33027

Title: D (X) Delete
Name: REGA, CARMELA
Address: 320 SOUTH FLAMINGO ROAD
City-St-Zip: PEMBROKE PINES, FL 33027

Title: D (X) Delete
Name: BUNYON, CLAYTON
Address: 320 SOUTH FLAMINGO ROAD
City-St-Zip: PEMBROKE PINES, FL 33027

Title: D (X) Delete
Name: PORTER, LIVINGSTON
Address: 320 SOUTH FLAMINGO ROAD
City-St-Zip: PEMBROKE PINES, FL 33027

Title: D (X) Delete
Name: PORTER, REGINA
Address: 320 SOUTH FLAMINGO ROAD
City-St-Zip: PEMBROKE PINES, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PORTER, CRAIG M
Address: 320 SOUTH FLAMINGO ROAD SUITE #303
City-St-Zip: PEMBROKE PINES, FL 33027

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 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 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: CRAIG M. PORTER P 09/02/2005
Electronic Signature of Signing Officer or Director Date