2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000098718

Title:

Name:

Address:

City-St-Zip:

FILED Apr 18, 2008 Secretary of State

	ie: PORTEN	DEVELOPMENT CORPORAT	TION	
Current Principal Place of Business:			New Principal Place of Business:	
333 NE 2NI DELRAY BI	OST EACH, FL 334	183		
Current Mailing Address:			New Mailing Address:	
333 NE 2NI DELRAY BI	DST EACH, FL 334	183		
FEI Number:	20-0212898	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
COREN, GI 333 NE 2NI DELRAY BI		183 US	SMITH, LENNIE 333 NE 2ND ST DELRAY BEACH, FL	33483 US
The above in the State		ubmits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,
SIGNATUR	E: LENNIE S	MITH		04/18/2008
	Electron	ic Signature of Registered Age	ent	Date
Election Cam	paign Financing	Trust Fund Contribution ().		
	paign Financing		ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS:
	AND DIRECT	FORS: Delete T B	ADDITIONS/CHANGI Title: Name: Address: City-St-Zip:	ES TO OFFICERS AND DIRECTORS: () Change () Addition
OFFICERS Title: Name: Address:	AND DIRECT DP () PORTEN, SCOT 333 NE 2ND ST DELRAY BEACH	TORS: Delete T B H, FL 33483 Delete	Title: Name: Address:	
OFFICERS Title: Name: Address: City-St-Zip: Title: Name: Address:	AND DIRECT DP () PORTEN, SCOT 333 NE 2ND ST DELRAY BEACH D () PORTER, NANC 333 NE 2ND ST DELRAY BEACH	Delete T B H, FL 33483 Delete El J H, FL 33483 Delete HAN L	Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition

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

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: LENNIE SMITH **VPS** 04/18/2008

() Delete

DELRAY BEACH, FL 33483

SMITH, LENNIÉ

333 NE 2ND ST

() Change () Addition