## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000130259

Entity Name: ALBOPORE, INC.

FILED Jan 15, 2009 Secretary of State

Current Principal Place of Business:				New Principal Pla	New Principal Place of Business:		
7114 CONC NEW POR	GRESS ST T RICHEY, FL	34653	US				
Current Mailing Address:				New Mailing Add	New Mailing Address:		
7114 CONG NEW POR	GRESS ST T RICHEY, FL	34653	US				
FEI Number:	35-2218610	FEI Numb	per Applied For ( )	FEI Number Not Applicable (	) Certificate of Status Desired ( )		
Name and	Address of C	urrent Re	gistered Agent:	Name and Addres	ss of New Registered Agent:		
2238 CÁMF	ILIUS VINCEN PINDIANHEAI AKES, FL 346	D ROAD					
The above in the State	named entity s of Florida.	submits thi	s statement for the pu	rpose of changing its regist	tered office or registered agent, or both,		
SIGNATUR	RE:						
	Electron	ic Signatu	re of Registered Agen	t	Date		
Election Cam	paign Financing	Trust Fund	d Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P, D ( ) REYES, JULIUS 2238 CAMP IND LAND O' LAKES	DIANHEAD R	D	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VP () BONOAN, RAYN 18612 CHEMILL LUTZ, FL 3355	LE DR		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	S, D () REYES, MARIA- 2238 CAMP IND LAND O' LAKES	DIANHEAD R		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	T, D ( ) BONOAN, UNID 18612 CHEMILL LUTZ, FL 3358	LE DR		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D () ALLADO, DALIS 2509 DERBY G LUTZ, FL 3355	LEN DRIVE		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	D () ALLADO, RONA 2509 DERBY G LUTZ, FL 33559	LEN DRIVE		Title: Name: Address: City-St-Zip:	() 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.

SIGNATURE: JULIUS-VINCENT REYES P,D 01/15/2009