

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000074291

1. Entity Name
SUBWAY 36903 CORP.



Principal Place of Business
12041 SOUTHERN BLVD SUITE 2
ROYAL PALM BEACH, FL 33470

Mailing Address

12041 SOUTHERN BLVD SUITE 2
ROYAL PALM BEACH, FL 33470

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

01122006 Chg-P CR2E034 (11/05)

4. FEI Number
20-2885591

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

INCORPORATE USA, INC.
3150 SANDY RIDGE DR
CLEARWATER, FL 33761

7. Name and Address of New Registered Agent

Name *Ken Porto*

Street Address (P.O. Box Number is Not Acceptable)
15738 Glen Willow Lane

Wellington

City

FL Zip Code
33414

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

Pres

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renaturing)

DATE *1/12/06*

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P Delete
NAME PORTO, KEN
STREET ADDRESS 15738 GLEN WILLOW LANE
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S Delete
NAME LENNARD-PORTO, TRACI
STREET ADDRESS 15738 GLEN WILLOW LANE
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

KEN PORTO

1/12/06

561-793-0818

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR