

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2006 8:00 am
Secretary of State

02-23-2006 90018 042 ***150.00

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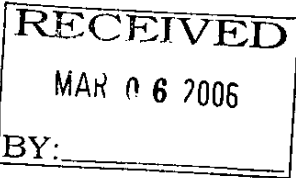


DOCUMENT # P05000113862 1. Entity Name PORTEN GROUP, INC.					
Principal Place of Business 666 S. MILITARY TRAIL DEERFIELD BEACH, FL 33442			Mailing Address 666 S. MILITARY TRAIL DEERFIELD BEACH, FL 33442		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02092006 Chg-P CR2E034 (11/05)	
4. FEI Number 20-3308931				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			7. Name and Address of New Registered Agent		
PORTEN, SCOTT 666 S. MILITARY TRAIL DEERFIELD BEACH, FL 33442			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	D	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTEN, SCOTT B		NAME	Porten, Scott	
STREET ADDRESS	666 S. MILITARY TRAIL		STREET ADDRESS		
CITY- ST- ZIP	DEERFIELD BEACH, FL 33442		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTEN JAMES, NANCY		NAME		
STREET ADDRESS	666 S. MILITARY TRAIL		STREET ADDRESS		
CITY- ST- ZIP	DEERFIELD BEACH, FL 33442		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTEN, STEPHAN L		NAME		
STREET ADDRESS	666 S. MILITARY TRAIL		STREET ADDRESS		
CITY- ST- ZIP	DEERFIELD BEACH, FL 33442		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	JVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	George J. Cohen	
STREET ADDRESS			STREET ADDRESS	666 S. Military Trail	
CITY- ST- ZIP			CITY- ST- ZIP	Deerfield Beach FL 33442	
TITLE		<input type="checkbox"/> Delete	TITLE	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Lennie F. Smith	
STREET ADDRESS			STREET ADDRESS	666 S. Military Trail	
CITY- ST- ZIP			CITY- ST- ZIP	Deerfield Beach, FL 33442	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			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: <u><i>George J. Cohen</i></u>			2/16/06 954 422 1883		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		



ATTACHMENT

#66004506



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 24, 2006

PORTEN GROUP, INC.
666 S. MILITARY TRAIL
DEERFIELD BEACH, FL 33442

Subject: PORTEN GROUP, INC.

Reference Number: P05000113862

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH
ANNUAL REPORTS SECTION