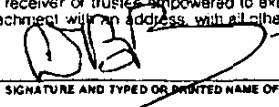


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-08-2008 90015 012 ***150.00

DOCUMENT # P07000120980					
1. Entity Name POLLARD, PORTER & ASSOCIATES, LIMITED, INC.					
Principal Place of Business 898 RIDGE LAKE DRIVE SUITE 109-G MELBOURNE FL 32940			Mailing Address 898 RIDGE LAKE DRIVE SUITE 109-G MELBOURNE FL 32940		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. Tax Number 26-1394398	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent POLLARD, DAVID B 898 RIDGE LAKE DRIVE SUITE 109-G MELBOURNE FL 32940				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when removing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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	D ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	POLLARD, DAVID B	NAME			
STREET ADDRESS	898 RIDGE LAKE DRIVE SUITE 109-G	STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL 32940	CITY-ST-ZIP			
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	POLLARD, EILEEN F	NAME			
STREET ADDRESS	898 RIDGE LAKE DRIVE SUITE 109-G	STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL 32940	CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ 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 Section 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: 			DAVID B. POLLARD 16 MAR 2008 321.591-4845		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		