## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000081356

Entity Name: RAPOR, INC.

FILED Apr 06, 2005 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	ST., STE. 219 AIN, CT 06051	US				
Current Mailing Address:			New Maili	New Mailing Address:		
	ST., STE. 219 AIN, CT 06051	US				
FEI Number:	06-1440017	FEI Number Applied For ( ) FEI	Number Not App	licable ( )	Certificate of Status Desired ( )	
Name and	Address of Cu	rrent Registered Agent:	Name and	Address of N	New Registered Agent:	
	MES D PORATE BLVD. ON, FL 33431	US				
The above in the State		bmits this statement for the purpos	se of changing i	ts registered o	office or registered agent, or both,	
SIGNATUR	RE:					
	Electronic	Signature of Registered Agent			Date	
Election Can	npaign Financing T	rust Fund Contribution ( ).				
OFFICERS	AND DIRECTO	DRS:	ADDITION	IS/CHANGES	TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D (X) D KELLEM, CARL 1383 CREEKSTOI CORYDON, IN 47	NE DR. N.E.	Title: Name: Address: City-St-Zip:	( )	) Change ()Addition	
Title: Name: Address: City-St-Zip:	D (X) D BAKER, JAMES D 5580 COACH HOU BOCA RATON, FL	) JSE CIRCLE UNIT E	Title: Name: Address: City-St-Zip:		) Change ()Addition	
Title: Name: Address: City-St-Zip:	PCEO () DO HARRIS, PETER V 10 PLEASANT ST DOVER, MA 0203	N	Title: Name: Address: City-St-Zip:	CEO (X PACIOTTI, NAZ 2801 TRADE C CARROLLTON	ENTER ROAD	
Title: Name: Address: City-St-Zip:	D () DO ROSETTI, JOSEP 39 CAVALRY RD. WESTON, CT 068	Н	Title: Name: Address: City-St-Zip:	( )	) Change ()Addition	
Title: Name: Address: City-St-Zip:	D (X) D MAINEY, RICHARI 5 SUSAN DRIVE NEWBURGH, NY	D	Title: Name: Address: City-St-Zip:	( )	) Change ()Addition	
Title: Name: Address: City-St-Zip:	D (X) D LIEBERMAN, SAM 147 SKYVIEW DR STAMFORD, CT (	1 R	Title: Name: Address: City-St-Zip:	( )	) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MONICA YOUNG MGR 04/06/2005