

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000085852

FILED
Apr 28, 2006
Secretary of State

Entity Name: PORTER MEDICAL PRODUCTS, INC.

Current Principal Place of Business:

1609 S. STATE RD. 15A
SUITE 6
DELAND, FL 32720 US

New Principal Place of Business:

Current Mailing Address:

1609 S. STATE RD. 15A
SUITE 6
DELAND, FL 32720 US

New Mailing Address:

FEI Number: 65-0869711

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PORTER, GARY K JR
372 CADDIE DRIVE
DEBARY, FL 32713 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PORTER, GARY JR.
Address: 372 CADDIE DRIVE
City-St-Zip: DEBARY, FL 32713

Title: C () Delete
Name: PORTER, GARY K
Address: 45 MILITIA HILL ROAD
City-St-Zip: WARRINGTON, PA 18776

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: GARY K. PORTER JR

P

04/28/2006

Electronic Signature of Signing Officer or Director

_____ Date