## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # S36923

1. Entity Name

PORTEN COMPANIES, INCORPORATED



FILED Feb 24, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

666 S MILITARY TRAIL

DEERFIELD BEACH, FL 33442 US

666 S MILITARY TRAIL DEERFIELD BEACH, FL 33442

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02092006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0248656 Applied For

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

COREN, GEORGE 666 S MILITARY TRAIL DEERFIELD BEACH, FL 33442

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8	<ol> <li>The above named entity submits this statement for the purpose of changing its the obligations of registered agent.</li> </ol>	s registered office or registered agent	, or both, in the State of Florida.	I am familiar with, an	id acce <sub>i</sub>
c	RIGNATURE				

(NOTE, Registered Agent signature required when reinstating)

FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees U00000445923 33/07/06-80068-007 150.00

DATE

10. OFFICERS AND DIRECTORS TITLE NAME PORTEN, SCOTT STREET ADDRESS 666 S MILITARY TRAIL CITY-ST-ZIP DEERFIELD BEACH, FL 33442 TITLE PORTEN, STEPHAN NAME STREET ADDRESS 5515 SECURITY LANE CITY-ST-ZIP ROCKVILLE, MD 20852 TITLE STVP NAME COREN, GEORGE J 666 S MILITARY TRAIL STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL 33442 TIME PORTEN, NANC! NAME STREET ADDRESS 666 S. MILITARY TRAIL CATY-ST-IN DEERFIELD BEACH, FL 33442 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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12. Thereby centify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Hurther 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 eath, 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:

Danged Com UT

2/15/00 954 422 1883