2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S36923

FILED Apr 30, 2008 Secretary of State

Entity Name: PORTEN COMPANIES, INCORPORATED

Current Principal Place of Business: New Principal Place of Business: 333 NE 2ND STREET DELRAY BEACH, FL 33483 US **Current Mailing Address: New Mailing Address:** 333 NE 2ND STREET DELRAY BEACH, FL 33483 US FEI Number: 65-0248656 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: COREN, GEORGE SMITH, LENNIE 333 NE 2ND STREET 333 NÉ 2ND STREET DELRAY BEACH, FL 33483 DELRAY BEACH, FL 33483 US US 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: LENNIE SMITH 04/30/2008 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition PORTEN, SCOTT, Name: Name: 333 NE 2ND STREET Address: Address: City-St-Zip: DELRAY BEACH, FL 33483 City-St-Zip: Title: Title: () Delete () Change () Addition Name: PORTEN, STEPHAN Name: 333 NE 2ND STREET Address: Address: DELRAY BEACH, FL 33483 City-St-Zip: City-St-Zip: Title: Title: STV () Delete () Change () Addition COREN, GEORGE J Name: Name: 333 NE 2ND STREET Address: Address: City-St-Zip: DELRAY BEACH, FL 33483 City-St-Zip: Title: () Delete Title: () Change () Addition PORTEN, NANCI Name: Name: Address: 333 NE 2ND STREET Address: City-St-Zip: DELRAY BEACH, FL 33483 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SCOTT PORTN PD 04/30/2008