2006 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

Apr 03, 2006 08:00 AM Secretary of State DOCUMENT # V26771 1. Entity Name PORT PRINTING CO. Mailing Address Principal Place of Business P 0 B0X 10861 3532 BROADWAY RIVIERA BEACH, FL 33404 US RIVIERA BEACH, FL 33419 US 02232006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0320847 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GARVEY, ERNEST DO NOT WRITE 3532 BROADWAY RIVIERA BEACH, FL 33404 IN THIS SPACE 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 (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. U00000489707 VΡ DILE 04/18/06-80026-012 150.00 STUDSTILL, JOSIE NAME STREET ADDRESS 1229 W. 25TH ST. CSTY-SI-7/P RIVIERA BEACH, FL 33404 TITLE GARVEY, ERNEST NAME STREET ADDRESS 3532 BROADWAY C(TY-ST-ZIP RIVIERA BCH, FL 33404 TITLE ROXBOROUGH, LYDIA NAME STREET ADDRESS 1330 AVE. R DO NOT WRITE RIVIERA BEACH, FL 33404 CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITE F NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 record 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 pulse like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

561 848 1402

Daytime Phone #