


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 22, 2006 8:00 am**  
**Secretary of State**

02-22-2006 90015 015 \*\*\*150.00

<b>DOCUMENT # 487944</b> 1. Entity Name <b>KING MORRIS LODGES, INC.</b>	
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Principal Place of Business <b>3911 BROADWAY P.O. BOX 078797 WEST PALM BEACH FL 33407</b>	Mailing Address <b>3911 BROADWAY P.O. BOX 078797 WEST PALM BEACH FL 33407</b>
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2. Principal Place of Business <b>3911 Broadway</b>	3. Mailing Address <b>P.O. Box 8797</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State <b>West Palm Beach, FL</b>	City & State <b>West Palm Beach, FL</b>	4. FEI Number <b>59-1647304</b>	Applied For <input type="checkbox"/>
Zip <b>33407</b>	Country <b>USA</b>	Zip <b>33407</b>	Country <b>USA</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>MORRIS, ROBERT K 220 CHURCHILL ROAD WEST PALM BEACH FL 33405</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MORRIS, ROBERT K</b> <b>220 CHURCHILL ROAD</b> <b>WEST PALM BEACH FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MORRIS, DOROTHY K</b> <b>211 DANUBE WAY</b> <b>PALM BEACH GARDENS FL 33410</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MORRIS, PAUL K</b> <b>14721 GRANDVIEW</b> <b>OVERLAND PARK KS</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MORRIS, ROBERT E</b> <b>211 DANUBE WAY</b> <b>PALM BEACH GARDENS FL 33410</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: Robert E. Morris **Robert E. Morris, Secretary** 2/8/06 561-842-8041  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #