
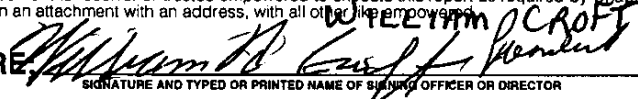


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90026 029 ****61.25

DOCUMENT # 721685 1. Entity Name MORGANWOODS GREENTREE, INC.																																									
Principal Place of Business 16105 N. FLORIDA SUITE A LUTZ, FL 33549 US			Mailing Address 16105 N. FLORIDA SUITE A LUTZ, FL 33549 US																																						
2. Principal Place of Business		3. Mailing Address																																							
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																							
City & State		City & State																																							
Zip	Country	Zip	Country	4. FEI Number 23-7205926																																					
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																																					
6. Name and Address of Current Registered Agent SPIVEY, WILLIAM C. 220 S FRANKLIN TAMPA, FL 33602				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																									
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																					
Make check payable to Florida Department of State																																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"> XB PD CROFT, WILLIAM 16105 N FLORIDA #A LUTZ, FL 33549 </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td> PD VP ALLEN, DIANA 16105 N FLORIDA #A LUTZ, FL 33549 </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td> SD HUMES, MADGE 16105 N FLORIDA #A LUTZ, FL 33549 </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td> TD HAND, WALTON 16105 N FLORIDA #A LUTZ, FL 33549 </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td> D BROWN, ELIZABETH 16105 N FLORIDA AVE LUTZ, FL 33549 </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td> D GRAVLIN, JOHN 16105 N FLORIDA #A LUTZ, FL 33549 </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table> </div> </div>						TITLE	XB PD CROFT, WILLIAM 16105 N FLORIDA #A LUTZ, FL 33549	<input type="checkbox"/> Delete	TITLE	PD VP ALLEN, DIANA 16105 N FLORIDA #A LUTZ, FL 33549	<input type="checkbox"/> Delete	TITLE	SD HUMES, MADGE 16105 N FLORIDA #A LUTZ, FL 33549	<input type="checkbox"/> Delete	TITLE	TD HAND, WALTON 16105 N FLORIDA #A LUTZ, FL 33549	<input type="checkbox"/> Delete	TITLE	D BROWN, ELIZABETH 16105 N FLORIDA AVE LUTZ, FL 33549	<input type="checkbox"/> Delete	TITLE	D GRAVLIN, JOHN 16105 N FLORIDA #A LUTZ, FL 33549	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing 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 report as required by Chapter 617, 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.																																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> SIGNATURE  </div> <div style="width: 35%; text-align: right;"> 2-01-06 <small>Date</small> </div> </div>																																									