

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90286 029 ***150.00

DOCUMENT # P00000010800



1. Entity Name
MURDOCK ENTERPRISES, INC.

Principal Place of Business
 235 S. COUNTY ROAD
 SUITE 211
 PALM BEACH, FL 33480

Mailing Address
 235 S. COUNTY ROAD
 SUITE 211
 PALM BEACH, FL 33480

60025572



03272006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0981124		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ENGLBERG, MORRIS ESQ 3230 STIRLING RD., SUITE 1 HOLLYWOOD, FL 33021				Name Street Address (P.O. Box Number is Not Acceptable) 4040 Sheridan Street			
				City Hollywood		FL	Zip Code 33021

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 Morris Engelberg, Esq. *Morris Engelberg* DATE 03/27/2006

Signature, typed or printed name of registered agent and firm, if applicable. (NOTE: Registered agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MURDOCK, NANCY 235 S. COUNTY ROAD, STE. 211 PALM BEACH, FL 33480	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT MURDOCK, LINTON 235 S. COUNTY ROAD, STE. 211 HOLLYWOOD, FL 33480	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P, T, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: Nancy Murdock *Nancy Murdock* DATE 03/27/2006 561-832-4404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #