2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 26, 2007 8:00 am Secretary of State DOCUMENT # P06000128334 04-26-2007 90233 038 ***150.00 1 Entity Name MORROCAN, INC. Principal Place of Business Mailing Address 505 S FLAGLER DRIVE SUITE 1100 505 S FLAGLER DRIVE SUITE 1100 WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JONES FOSTER SERVICE LLC Street Address (P.O. Box Number is Not Acceptable) 505 S FLAGLER DRIVE SUITE 1100 WEST PALM BEACH, FL 33401 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MATAR, GEORGE E NAME NAME STREET ADDRESS 1850 N CONGRESS AVE APT 408F STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33401 CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition SELCUK, DEVRIM H STREET ADDRESS 6112 STRAWBERRY LAKES CIRCLE STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33463 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IME ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 all other like empowered. SIGNATURE: _

IG OFFICER OR DIRECTOR

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