



**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT.**

**FILED**  
**Mar 08, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000075132</b>						
1. Entity Name <b>MORTON RESEARCH COMPANY OF MERRICK, INC.</b>						
Principal Place of Business <b>1700 N DIXIE HWY SUITE 111 BOCA RATON, FL 33432</b>	Mailing Address <b>1700 N DIXIE HWY SUITE 111 BOCA RATON, FL 33432</b>					
<b>DO NOT WRITE IN THIS SPACE</b>						
		 03042007 No Chg-P CR2E034 (11/05)				
		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;">4. FEI Number <b>11-2602137</b></td><td style="width: 20%;">Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required</td></tr></table>	4. FEI Number <b>11-2602137</b>	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
4. FEI Number <b>11-2602137</b>	Applied For <input type="checkbox"/> Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required						
6. Name and Address of Current Registered Agent  <b>STEMPEL, HELENE 12565 IMPERIAL ISLE DR APT 205 BOYNTON BEACH, FL 33437-7237</b>		<b>DO NOT WRITE IN THIS SPACE</b>				
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: <u><i>Helene Stempel</i></u> <span style="float: right;"><i>3/5/07</i></span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>						
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing <b>\$5.00</b> May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees				
10. OFFICERS AND DIRECTORS						
TITLE	P	<div style="text-align: right; margin-bottom: 10px;">U00000660089 03/19/07-80012-023 150.00</div> <b>DO NOT WRITE IN THIS SPACE</b>				
NAME	STEMPEL, HELENE					
STREET ADDRESS	12565 IMPERIAL ISLE DR, APT 205					
CITY - ST - ZIP	BOYNTON BEACH, FL 334377237					
TITLE						
NAME						
STREET ADDRESS						
CITY - ST - ZIP						
TITLE						
NAME						
STREET ADDRESS						
CITY - ST - ZIP						
TITLE						
NAME						
STREET ADDRESS						
CITY - ST - ZIP						
TITLE						
NAME						
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: <u><i>Helene Stempel</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u><i>3/5/07</i></u> <small>Date Daytime Phone #</small>				