

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2006 08:00 AM
Secretary of State

DOCUMENT # 238091

1. Entity Name
MORSE OPERATIONS, INC.



Principal Place of Business
**6363 NW 6 WAY
STE 400
FT LAUDERDALE, FL 33309 US**

Mailing Address
**6363 NW 6 WAY
STE 400
FT LAUDERDALE, FL 33309 US**



01202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0558323	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MACINNES, DENNIS M
MORSE OPERATIONS INC
STE 400
FT. LAUDERDALE, FL 33309**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

U000000451279

93/10/06-80047-015 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC MORSE, EDWARD J 6363 NW 6 WAY, STE 400 FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MORSE, EDWARD J.,JR. 6363 NW 6 WAY, STE 400 FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BEAVER, RICHARD 6363 NW 6 WAY, STE 400 FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MACINNES, DENNIS 6363 NW 6 WAY STE 400 FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BEAVER, ELIZABETH A 6363 NW 6 WAY, STE 400 FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:

Dennis M. MacInnes 2/14/06 954-351-0055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #