2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000056881

Entity Name: DO MORE, INC.

FILED Apr 21, 2006 Secretary of State

| Current Princip | pal Place of Business: | New Principal Place of Business |
|-----------------|------------------------|---------------------------------|
| | | |

1911 NE 8TH CT. SUITE #222 3310 BANKS ROAD FORT LAUDERDALE, FL 33309

SUITE 205

MARGATE, FL 33063 US

Current Mailing Address: New Mailing Address:

1911 NE 8TH CT. SUITE #222 3310 BANKS ROAD FORT LAUDERDALE, FL 33309 SUITE 205 MARGATE, FL 33063

FEI Number: 20-2694877 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JOSEPH K. NOFIL, P.A. 3284 NORTH STATE ROAD 7 LAUDERDALE LAKES, FL 33319 US

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.

SIGNATURE:

City-St-Zip:

Electronic Signature of Registered Agent Date

City-St-Zip:

Election Campaign Financing Trust Fund Contribution ().

FORT LAUDERDALE, FL 33309

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

MARGATE, FL 33063

Title: () Delete Title: (X) Change () Addition MORFES, ROBERTO MORFES, ROBERTO Name: Name:

1911 NE 8TH CT. SUITE #222 3310 BANKS ROAD SUITE 205 Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33309 City-St-Zip: MARGATE, FL 33063

() Delete Title: ٧S Title: ٧S (X) Change () Addition Name: FERREIRA, FRANCISLANE Name: FERREIRA, FRANCISLANE 1911 NE 8TH CT. SUITE #222 Address: 3310 BANKS ROAD SUITE 205 Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERTO MORFES PT 04/21/2006