2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 10, 2008
Secretary of State

DOCUMENT# 238091

Entity Name: MORSE OPERATIONS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-0558323 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MACINNES, DENNIS M
MORSE OPERARTIONS INC
STE 400
FT. LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DC ( ) Delete
Name: MORSE, EDWARD J,
Address: 6363 NW 6 WAY, STE 400
City-St-Zip: FT LAUDERDALE, FL

Title: DP ( ) Delete
Name: MORSE, EDWARD J.,JR.,
Address: 6363 NW 6 WAY, STE 400
City-St-Zip: FT. LAUDERDALE, FL

Title: V ( ) Delete
Name: BEAVER, RICHARD,
Address: 6363 NW 6 WAY, STE 400
City-St-Zip: FT. LAUDERDALE, FL

Title: ST ( ) Delete
Name: MACINNES, DENNIS
Address: 6363 NW 6 WAY STE 400
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: V (X) Delete
Name: BEAVER, ELIZABETH A
Address: 6363 NW 6 WAY, STE 400
City-St-Zip: FT LAUDERDALE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change ( ) Addition
Name: COLELLA, CARMINE,
Address: 6363 NW 6 WAY, STE 400
City-St-Zip: FT. LAUDERDALE, FL

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DENNIS M. MACINNES ST 11/10/2008

Electronic Signature of Signing Officer or Director Date