


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # 443100	
1. Entity Name PAUL MORRISON INSURANCE & REAL ESTATE, INC.	

Principal Place of Business 4734 MILE STRETCH DR PO BOX 3646 HOLIDAY, FL 34690 US	Mailing Address PO BOX 3646 PO BOX 3646 HOLIDAY, FL 34690 US
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DO NOT WRITE IN THIS SPACE



02012007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1521461	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MORRISON, PAUL 4734 MILE STRETCH DR HOLIDAY, FL 34690	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000623238 02/13/07-80056-025 158.75
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10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORRISON, PAUL J 4734 MILE STRETCH DR HOLIDAY, FL 34690	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MORRISON, JON A 4734 MILE STRETCH DR HOLIDAY, FL 34690	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORRISON, HAROLD A 4734 MILE STRETCH DR HOLIDAY, FL 34690	
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>Paul Morrison</u>	2-1-07	727-934-5751
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone</small>