2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# 607966

Entity Name: MORTON'S ASSOCIATES, INC.

Current Principal Place of Business:

3035 TAMIAMI TRAIL
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

3035 TAMIAMI TRAIL
PORT CHARLOTTE, FL 33952

New Mailing Address:

FEI Number: 59-1911370 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WAKSLER, BARBARA
142 SE LELAND ST.
PORT CHARLOTTE, FL 33952 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: PD ( ) Delete
Name: WAKSLER, BARBARA,
Address: 142 SE LELAND ST.
City-St-Zip: PORT CHARLOTTE, FL

Title: PD ( ) Delete
Name: WAKSLER, JOSEPH,
Address: 160 HERONS CT
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: S ( ) Delete
Name: WAKSLER, GERI
Address: 160 HARBOR CT
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BARBARA WAKSLER,
Address: 142 SE LELAND ST.
City-St-Zip: PORT CHARLOTTE, FL

Title: PD (X) Change ( ) Addition
Name: WAKSLER, JOSEPH,
Address: 160 HERONS COVE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: S (X) Change ( ) Addition
Name: WAKSLER, GERI
Address: 160 HERON'S COVE
City-St-Zip: PORT CHARLOTTE, FL 33952

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: BARBARA WAKSLER PD 04/27/2006

Electronic Signature of Signing Officer or Director — Date