2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 16, 2005 8:00 am Secretary of State

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DOCUMENT # 719919 1. Entity Name MORSE BOULEVARD PROFESSIONAL CENTER, INC.						02-16-2005	90051 (042 **** <i>6</i>	51.25
800 WEST MORSE BLVD P O BO		Mailing Address P O BOX 1328 WINTER PARK, FL 32790	O BOX 1328		1 1 1 1 1 1 1 1 1 1 		DIEIA EIGO GC	16609	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02102005	Chg-NP	CR2E03	37 (10/03)	
City & State		City & State			4. FEI Number 59-1324598				plied For t Applicable
Zip	Country	Zip	Country		5. Certificate of S	Status Desired		\$8.75 Add Fee Required	
	6. Name and Address of Current I	Registered Agent			7. Name and Ad	dress of New R	egistered /	Agent	
			Name -						
MURRAH,KENNETH F 800 W. MORSE BLVD STE 1			Street A	Street Address (P.O. Box Number is Not Acceptable)					
	ARK, FL 32789		1						
			City				FL	Zip Code	9
	named entity submits this statement for	r the purpose of changing its re	gistered office o	registere	ed agent, or both, i	n the State of Flo	orida. I am	familiar with,	and accept
the obligati	ions of registered agent.								
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SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: f	Registered Agent signat	ure required	when reinstating)		DATE		,1 ,
	Signature, typed or printed name of registered agent a			ure required	when reinstating)		DATE		,1 ,
	Signature, typed or printed name of registered agent of Filling Fee is \$61.25	9. Election Camp	aign Financing		\$5.00 May Be	M	DATE	k payable to	
	Signature, typed or printed name of registered agent a		aign Financing			M	DATE	k payable to	
	Signature, typed or printed name of registered agent of Filling Fee is \$61.25	9. Election Camp Trust Fund Co	aign Financing		\$5.00 May Be	M Ffor	DATE lake chec ida Depar	rtment of St	ate
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 it 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 617, 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: Lunel F. Murrah 2/11/05 407-644-9801

SIGNATURE Date Desprise Phone #