2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006
Secretary of State

DOCUMENT# F02000001346

Entity Name: MORSEY, INC. OF KENTUCKY

Current Principal Place of Business:

959 DR. SMITH LANE
CALVERT CITY, KY 42029

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 558
CALVERT CITY, KY 42029

New Mailing Address:

FEI Number: 61-0566542 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PC ( ) Delete
Name: DONOHOO, MIKE
Address: 959 DR. SMITH LANE
City-St-Zip: CALVERT CITY, KY 42029

Title: VP ( ) Delete
Name: SIENER, JASON
Address: 959 DR. SMITH LANE
City-St-Zip: CALVERT CITY, KY 42029

Title: S ( ) Delete
Name: ROSE, GRETTA
Address: 959 DR. SMITH LANE
City-St-Zip: CALVERT CITY, KY 42029

Title: T ( ) Delete
Name: HARPER, BILLY
Address: 959 DR. SMITH LANE
City-St-Zip: CALVERT CITY, KY 42029

Title: D ( ) Delete
Name: HARPER, BILLY
Address: 616 NORTHVIEW
City-St-Zip: PADUCAH, KY 42001

Title: D (X) Delete
Name: SHUEMAKER, MARGEE
Address: 616 NORTHVIEW
City-St-Zip: PADUCAH, KY 42001

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DONOHOO, MIKE
Address: 959 DR. SMITH LANE
City-St-Zip: CALVERT CITY, KY 42029

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

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

Title: D (X) Change ( ) Addition
Name: SHUEMAKER, MARGEE
Address: 616 NORTHVIEW
City-St-Zip: PADUCAH, KY 42001

Title: D T (X) Change ( ) Addition
Name: HARPER, BILLY
Address: 616 NORTHVIEW
City-St-Zip: PADUCAH, KY 42001

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

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: GRETTA ROSE SEC 01/23/2006

Electronic Signature of Signing Officer or Director — Date