


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90010 033 \*\*\*158.75

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| <b>DOCUMENT # F05000003461</b><br>1. Entity Name<br><b>THE MORGAN GROUP OF TEXAS, INC.</b>   |  |   |   |  |  |
| Principal Place of Business<br><b>5606 SOUTH RICE AVENUE<br/>HOUSTON, TX 77081</b>   |  |   | Mailing Address<br><b>5606 SOUTH RICE AVENUE<br/>HOUSTON, TX 77081</b>  |   |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |   |   |  |
| City & State   |  | City & State  |   |   |  |
| Zip  | Country  | Zip   | Country   | 02212007    Chg-P    CR2E034 (12/06)  |  |
| 4. FEI Number<br><b>76-0197035</b>   |  |   |   | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>   |  |   |   | <b>\$8.75</b> Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>WOOD, JON C<br/>480 N ORLANDO AVE STE C221<br/>WINTER PARK, FL 32789</b>   |  |   | 7. Name and Address of New Registered Agent<br>Name <b>Jon C. Wood</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>480 North Orlando Avenue</b><br>Suite <b>C-222</b><br>City <b>Winter Park</b> <b>FL</b> Zip Code <b>32789</b> |   |  |
| 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: <u><i>Jon C. Wood</i></u> DATE: <u>2-28-07</u><br><small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00</b> May Be Added to Fees  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>C</b><br><b>MORGAN, MICHAEL S</b><br><b>5606 SOUTH RICE AVENUE</b><br><b>HOUSTON, TX 77081</b>            | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>C</b><br><b>MORGAN, I. RONALD</b><br><b>1819 ASTON, SUITE 105</b><br><b>CARLSBAD, CA 92008</b>            | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P</b><br><b>PATTON, E. ALAN</b><br><b>5606 SOUTH RICE AVENUE</b><br><b>HOUSTON, TX 77081</b>              | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>COO</b><br><b>LEVY, STANLEY D</b><br><b>5606 SOUTH RICE AVENUE</b><br><b>HOUSTON, TX 77081</b>            | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>ST</b><br><b>LOWE, DEAN C</b><br><b>5606 SOUTH RICE AVENUE</b><br><b>HOUSTON, TX 77081</b>                | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | (Empty)  | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | (Empty)  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>C</b><br><b>I. Ronald Morgan</b><br><b>1910 Palomar Point Way, Suite 101</b><br><b>Carlsbad, CA 92008</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition        |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | (Empty)  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | (Empty)  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | (Empty)  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |   |   |  |
| 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. |  |   |   |   |  |
| <b>SIGNATURE:</b> <u><i>Stanley D. Levy</i></u> <b>Stanley D. Levy, COO</b> <u>3-6-07</u> <b>713/361-7200</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>  |  |   |   |   |  |