2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# F07000005321

Entity Name: MORGAN FAMILY CORP. INC.

Current Principal Place of Business:

13932 WALSINGHAM RD
SEMINOLE, FL 33774

New Principal Place of Business:

12945 SEMINOLE BLVD
BLD 1 STE 6
SEMINOLE, FL 33778

Current Mailing Address:

1777 ALAMBRA CIR
APOPKA, FL 32703

New Mailing Address:

12945 SEMINOLE BLVD
BLD 1 STE 6
SEMINOLE, FL 33778

FEI Number: 38-3328118 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUSHING, PATRICE L
1777 ALAMBRA CIR
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

ALZID, MAJIED A
12945 SEMINOLE BLVD
BLD 1 STE 6
LARGO, FL 33778 US

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: MAJIED ALZID 01/14/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CP ( ) Delete
Name: RUSHING, PATRICE
Address: 1777 ALAMBRA CIR
City-St-Zip: APOPKA, FL 32703

Title: D (X) Delete
Name: FORD, LOLA
Address: 10082 QUANTRELL LN
City-St-Zip: COLUMBIA, MD 21046

Title: D (X) Delete
Name: MORGAN, LANIER V
Address: 814 E KERSLEY APT 305
City-St-Zip: FLINT, MI 48503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change ( ) Addition
Name: FORD, LOLA
Address: 10082 QUANTRELL LN
City-St-Zip: COLUMBIA, MD 21046

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

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

I hereby certify that the information supplied with this filing does not qualify 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: LOLA FORD CP 01/14/2009
Electronic Signature of Signing Officer or Director Date