2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005321

Entity Name: MORGAN FAMILY CORP. INC.

FILED Jan 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place	of Business:
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13932 WALSINGHAM RD 12945 SEMINOLE BLVD SEMINOLE, FL 33774 BLD 1 STE 6

SEMINOLE, FL 33778

Current Mailing Address: New Mailing Address:

12945 SEMINOLE BLVD 1777 ALAMBRA CIR APOPKA, FL 32703 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 New Registered Agent: Name and Address of Current Registered Agent:

RUSHING, PATRICE L ALZID, MAJIED A 1777 ALAMBRA CIR 12945 SEMINOLE BLVD APOPKA, FL 32703 US 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

RUSHING, PATRICE FORD, LOLA Name: Name: 1777 ALAMBRA CIR 10082 QUANTRELL LN Address: Address: City-St-Zip: APOPKA, FL 32703 City-St-Zip: COLUMBIA, MD 21046

Title: Title: () Change () Addition (X) Delete

Name: FORD, LOLA Name: 10082 QUANTRELL LN Address: Address: COLUMBIA, MD 21046 City-St-Zip: City-St-Zip:

Title: Title: (X) Delete () Change () Addition

MORGAN, LANIER V Name: Name: 814 E KERSLEY APT 305 Address: Address: City-St-Zip: FLINT, MI 48503 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