2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 02, 2005 8:00 am Secretary of State DOCUMENT # F94000004121 1. Entity Name 02-02-2005 90043 034 ***150.00 MORRISON INFORMATION SERVICES LTD, INCORPORATED Principal Place of Business Mailing Address 218-A E. EAU GALLIE BLVD. 218-A E. EAU GALLIE BLVD. INDIAN HARBOUR BEACH FL 32937 INDIAN HARBOUR BEACH FL 32937 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 51-0246580 Not Applicable 7in Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MORRISON JR., FRANCIS 1 1399 BANANA RIVER DRIVE #F135 INDIAN HARBOUR BEACH FL 32937 8. The above named entity submits this statement for the purpose of changing its registered office or the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE M Change ☐ Detete MORRISON JR. FRANCIS NAME NAME 800 Scallop Drive STREET ADDRESS 1399 BANANA RIVER DR., #FT35 STREET ADDRESS Cape Canaveral FL CITY-ST-ZIP INDIAN HARBOUR-BEACH FL-32937 CITY-ST-ZIP 32920 Delete TITLE NAME MORRISON, RITA MARIE NAME 800 Scallop Drive Cape Canaveral STREET ADDRESS STREET ADDRESS 4309 BANANA RIVER DR., #F135 INDIAN HARBOUR BEACH PL 32937 32920 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Defete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing 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 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. Rita M. Morrison /27/05 321-452-5665