

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # F94000004121

1. Entity Name
 MORRISON INFORMATION SERVICES LTD,
 INCORPORATED



Principal Place of Business 218-A E. EAU GALLIE BLVD. #36 INDIAN HARBOUR BEACH, FL 32937	Mailing Address 218-A E. EAU GALLIE BLVD. #36 INDIAN HARBOUR BEACH, FL 32937
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01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 51-0246580	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORRISON JR., FRANCIS
 800 SCALLOP DRIVE
 CAPE CANAVERAL, FL 32920

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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 _____ DATE _____
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
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

1111111100386319
 01/18/06-80054-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MORRISON JR, FRANCIS
STREET ADDRESS	800 SCALLOP DRIVE
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920
TITLE	VP
NAME	MORRISON, RITA MARIE
STREET ADDRESS	800 SCALLOP DRIVE
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: *Francis J. Morrison Jr* 1-9-06 321-543-5615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #