2007 FOR PROFIT CORPORATION

Jan 25, 2007 8:00 am **Secretary of State ANNUAL REPORT** 01-25-2007 90034 036 ***150.00 **DOCUMENT # H00658** MORTEN ENTERPRISES, INC. Principal Place of Business Mailing Address 60006389 12350 U.S. HWY. 19 N. 12350 U.S. HWY. 19 N. CLEARWATER, FL 33764 CLEARWATER, FL 33764 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01222007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-2463911 Not Applicable Zio Country 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 JAMES E. MORTEN MORTEN, JAMES E Street Address (P.O. Box Number is Not Acceptable) 15462 GULF BLVD #906 MADEIRA BEACH, FL 33708 City Zip Code **337**7つ SEMENOLE 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. Separature, typed or printed name of recistered agent and title if applicable INOTE Repistered Agent signature required when registaring) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSCD** TITLE ☐ Delete TITLE Change Addition NAME MORTEN, JAMES E. NAME 7830 CHEYENNE DA 15462 GULF BLVD, #906 STREET ADDRESS STREET ADDRESS MADERIA BCH, FL 33708 CITY-ST-7IP CHY ST ZIP Semplace FL 33777 ☐ Delete TITLE ☐ Change THEF Addition MORTEN, JAMES A. STREET ADDRESS 8567 PARKWOOD BLVD N STREET ADDRESS CITY-ST-ZIP SEMINOLE, FL 34647 CITY-ST-ZIP ☐ Delete THE ☐ Change Addition MORTEN, SCOTT J. NAME NAME STREET ADDRESS 13328 93RD AVE N. STREET ADDRESS CITY-ST-ZIP SEMINOLE, FL 33776 CHTY-ST-78F TITLE ☐ Defete TITLE Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY ST AP CITY-ST-ZIP TITLE ☐ Delete THILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIF CHY-ST-7/P Change ☐ Addition TITLE ☐ Defele TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 it 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

CITY ST ZIP

SIGNATURE:

FILED