2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

if changed, or on an attachment wi

SIGNATURE:

May 01, 2006 8:00 am Secretary of State DOCUMENT # H91587 1. Entity Name 05-01-2006 90321 001 ***150.00 MORSAM DEVELOPMENT CORP. Principal Place of Business Mailing Address 3400 NE 34TH ST 8400 NE 34TH ST FT. LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address 2700 NORTH 2700 NORTH Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) #108 #108 City & State Çity & State 4. FEI Number Applied For 59-2638488 TOLLYWOOD Not Applicable JOLLY WOOD Country Country \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RICHTER, MORRIS Street Address (P.O., Box Number is Not Acceptable) 3801 NORTH 41ST AVENUE HOLLYWOOD FL 33021 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Delete TITLE ☐ Addition NAME RICHTER, SAM 2700 NORTH 29th AVE # 108 STREET ADDRESS 3400 NE 34 ST #101 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33308 TITLE Delete TITLE Change ■ Addition NAME RICHTER, MORRIS NAME STREET ADDRESS STREET ADDRESS 3801 NORTH 41ST AVENUE HOLLYWOOD FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

vith all other like empowered

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED