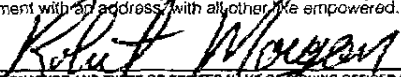


FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # J48626			
1. Entity Name A-R.W. MORGAN ASSOCIATES, INC.			
Principal Place of Business C/O ROBERT W. MORGAN 959 E. ALTAMONTE DRIVE ALTAMONTE SPRINGS, FL 32701 US		Mailing Address C/O ROBERT W. MORGAN P.O. BOX 150248 ALTAMONTE SPRINGS, FL 32715-0248 US	
DO NOT WRITE IN THIS SPACE			
		01032006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2765559	
		Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORGAN, ROBERT W 303 PARTRIDGE LN LONGWOOD, FL 32779		DO NOT WRITE IN THIS SPACE	
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 _____ 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	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE	DP		
NAME	MORGAN, ROBERT W.		
STREET ADDRESS	303 PARTRIDGE LA.		
CITY-ST-ZIP	LONGWOOD, FL 32779		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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 fee empowered.			
SIGNATURE: 		2/24/06 President 407-331-7188	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	