

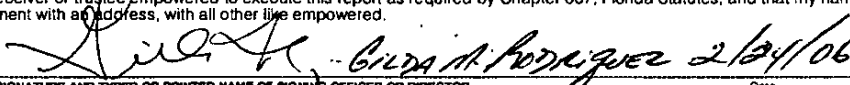


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # K48909</b> 1. Entity Name <b>MORRISON TRANSPORT CORPORATION</b>					
Principal Place of Business <b>2300 CORAL WAY SUITE 200 MIAMI, FL 33145</b>			Mailing Address <b>2300 CORAL WAY SUITE 200 MIAMI, FL 33145</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip      Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip      Country		<div style="font-size: 24px; margin-bottom: 10px;">FILED</div> <div style="font-size: 18px; margin-bottom: 10px;">06 MAR 28 PM 2:19</div> <div style="font-size: 14px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>  <div style="font-size: 12px; margin-top: 10px;">02232006    Chg-P    CR2E034 (11/05)</div>	
4. FEI Number <b>65-0088884</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>FLORIDA ANNUAL REPORT SERVICES INC. 2300 CORAL WAY SUITE 200 MIAMI, FL 33145</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		P <input type="checkbox"/> Delete <b>RODRIGUEZ, CLAUDIO</b> <b>190 COCOPLUM ROAD</b> <b>CORAL GABLES, FL 33143</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="font-size: 24px; text-align: center;">700069135307</div> <div style="font-size: 18px; text-align: center;">03/31/06--01009--024 **158.75</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		ST <input type="checkbox"/> Delete <b>RODRIGUEZ, GILDA M</b> <b>5865 SW 107TH STREET</b> <b>PINECREST, FL 33156</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		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 like empowered.					
<b>SIGNATURE:</b>  <b>GILDA M. RODRIGUEZ 2/24/06 305-856-0056</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					