
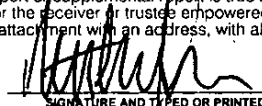


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2006 8:00 am
Secretary of State

07-31-2006 90009 018 ***150.00

DOCUMENT # K86694 1. Entity Name MICHAEL H. MORGAN, INC.					
Principal Place of Business % JOHN W. SCHUMACHER, JR. 695 TARPON BAY ROAD, SUITE 14 SANIBEL, FL 33957-3135			Mailing Address 14 FOREST GLEN CRES. TORONTO ONTARIO M4N2E8 CANADA, XX		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0190911	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SCHUMACHER JOHN W., JR. 695 TARPON BAY ROAD SUITE 14 SANIBEL, FL				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGAN, MICHAEL H. 14 FOREST GLEN CRESCENT TORONTO, CANADA,		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  MICHAEL H. MORGAN 27 JULY 06 416 487-7223 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

ATTACHMENT

20031183

TO TINA D. CARTER #K86694
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS.

FROM MICHAEL H. MORGAN
MICHAEL-H. MORGAN INC.

27 JULY 06.

RE. 2006 ANNUAL REPORT.

- REFERENCE MY TELEPHONE CONVERSATION THIS MORNING WITH SOMEONE IN YOUR DEPARTMENT. I AM ATTACHING THE ANNUAL REPORT FORM WHICH I HAVE SIGNED AND ALSO THE \$150⁰⁰ CHEQUE
- PLEASE ACCEPT THIS LETTER AS MY APPLICATION FOR A WAIVER OF THE LATE FEE BECAUSE I NEVER RECEIVED THE ANNUAL REPORT NOTICE "THE NOTICE OF INTENT TO DISSOLVE" WAS THE FIRST AND ONLY NOTICE I HAVE RECEIVED THIS YEAR
- PLEASE NOTE THAT THE POSTAL CODE FOR MY MAILING ADDRESS IS MANZER (NOT MANZES)