2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 24, 2008 8:00 am Secretary of State DOCUMENT # M48317 03-24-2008 90039 038 ***150.00 1. Entity Name MORLIN ENTERPRISES, INC. Principal Place of Business Mailing Address 5414 NW 72 AVE 5414 NW 72 AVE MIAMI, FL 33166 MIAMI, FL 33166 US 03052008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent FELLMAN, SETH DO NOT WRITE 5414 NW 72ND AVE. MIAMI, FL 33166 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME FELLMAN, MARILYN STREET ADDRESS 3 GROVE ISLE DR, #510 CITY-ST-ZIP MIAMI, FL TITLE FELLMAN, SETH NAME STREET ADDRESS 3 GROVE ISLE DR #510 CITY-ST-ZIP MIAMI, FL TITLE FELLMAN, BARRY NAME 3 GROVE ISLE DR #510 STREET ADDRESS DO NOT WRITE CITY-ST-ZIP MIAMI, FL TITLE IN THIS SPACE 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 filling does not qualify for the exemptions contained in Chapter 119. Flor/da 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, Flor/da Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with a place like empowered.

FILED

305-254-80PD