2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000002200

Entity Name: MORNING STAR RANCH, INC.

FILED Apr 20, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7110 DICKEY AVENUE **DOVER, FL 33527 Current Mailing Address: New Mailing Address:** 7110 DICKEY AVENUE **DOVER, FL 33527** FEI Number: 59-3633745 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HAYNIE, DORIS L 7110 DIĆKEY AVENUE DOVER, FL 33527 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete HAYNIE. AUBREY E Name: Name: 7110 DICKEY AVE Address: Address: City-St-Zip: **DOVER, FL 33527** City-St-Zip: Title: VSTD () Delete Title: () Change () Addition Name: HAYNIE, DORIS L Name: Address: 7110 DICKEY AVE Address: City-St-Zip: DOVER, FL 33527 City-St-Zip: Title: () Delete Title: () Change () Addition DILLMAN, MARY K Name: Name: 17835 PINE KNOLL DRIVE Address: Address: City-St-Zip: DADE CITY, FL 33523 City-St-Zip: () Delete Title: Title: () Change () Addition MCCLELLAND, JAMES R DIRECTO Name: Name: Address: P. O. BOX 1322 Address: City-St-Zip: SAN ANTONIO, FL 33576 City-St-Zip: Title: VSTD () Delete Title: () Change () Addition HAYNIE, DORIS L Name: Name: 7110 DICKEY AVE. Address: Address: City-St-Zip: DOVER, FL 33527 City-St-Zip: Title: () Delete Title: () Change () Addition COLEMAN, LILLIAN M DIRECTO Name: Name: Address: 16154 BOYETTE ROAD Address: RIVERVIEW, FL 33569 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DORIS L. HAYNIE VSTD 04/20/2005