2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 28, 2005 8:00 am Secretary of State

DOCUMENT # N0400008899 1. Entity Name MORRITT'S GRAND CAYMAN EAST END HURRICANE RELIEF FUND, INC.					40000000000000000000000000000000000000					
401 CORBETT ST - STE 450 401			Mailing Address 401 CORBETT ST - STE 450 CLEARWATER, FL 33756			4000	, , , , , ,			
Principal Place of Business 3.		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03222005	Chg-NP	CR2E	037 (10/03)		
City & State		City & State			4. FEI Number	00102		<u> </u>	oplied For	
Zip	Country	Zip	Country		20-162 5. Certificate o		ed 🗆	\$8.75 Add		
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of Ne	w Registere			
ATRIUM REGISTERED AGENTS, INC.				Name Anouska Morritt						
1500 SAN REMO AVE STE 125				Street Address (P.O. Box Number is Not Acceptable) - Suite 450						
CORAL G	ABLES, FL 33146		City				F	L Zip Coo	le	
The above named entry submits this statement for the purpose of changing its registere				Cle	arwater	:- 15 - Ct-t-	-	<u> </u>	56	
the obligat	ions of perstered again		Registered Agent signal			, in the State C		24.05	, ана ассерг	
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10.	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIF	9. Election Camp Trust Fund Co	paign Financing ontribution.		\$5.00 May Be	1	Florida Dep	artment of S	tate	
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TITLE	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIF	9. Election Camp Trust Fund Co	paign Financing ontribution. 11.	Mor 401	\$5.00 May Be Added to Fees ADDITIONS/CHAI	NGES TO OFF NOUSKA	Florida Dep FICERS AND	artment of S DIRECTORS IN Change e 450	tate	
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recovery coming an arms information supprison with this interpretability does not quality 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

3-24-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Steve Minotakisaio

Daytime Phone #