
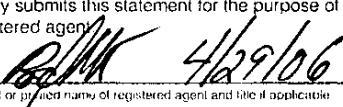
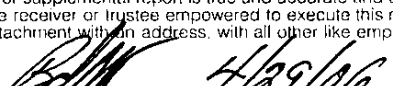


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90289 039 \*\*\*150.00

|  |   |  |  |  |  |
|--|---|--|--|--|--|
| <b>DOCUMENT # P00000079539</b><br>1. Entity Name<br><b>MORTON GROUP MANAGEMENT CORP.</b>   |   |  |  |   |  |
| Principal Place of Business<br><b>15340 JOG ROAD<br/>200<br/>DELRAY BEACH FL 33446</b>   |   |  | Mailing Address<br><b>15340 JOG ROAD<br/>200<br/>DELRAY BEACH FL 33446</b> |  |  |
| 2. Principal Place of Business<br><b>5350-W Atlantic Ave</b><br>Suite, Apt. #, etc.<br><b>102</b>  |   | 3. Mailing Address<br><b>Same as #2</b><br>Suite, Apt. #, etc. |  |  |  |
| City & State<br><b>Delray Beach FL</b>   |   | City & State   |  | 4. FEI Number<br><b>65-1057153</b>   |  |
| Zip<br><b>33484</b>  |   | Country<br><b>USA</b>  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MORTON, MICHAEL<br/>15340 JOG ROAD STE 200<br/>DEERFIELD BEACH FL 33443</b>  |   |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>5350-W Atlantic Ave #102</b><br>City <b>Delray Beach</b> <b>FL</b> Zip Code <b>33484</b> |  |
| 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.<br>SIGNATURE  <b>4/29/06</b><br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>   |   |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |   |  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |  |
| 10. OFFICERS AND DIRECTORS   |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                      |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PSTD <input type="checkbox"/> Delete<br><b>MORTON, MICHAEL<br/>15340 JOG ROAD SUITE 200<br/>DELRAY BEACH FL 33446</b> |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>5350-W Atlantic Ave #102<br/>Delray Beach FL 33484</b>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>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 Section 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:  <b>4/29/06</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #</small>  |   |  |  |  |  |