


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90105 010 ***150.00

DOCUMENT # P00000109458 1. Entity Name MORGAN REESE CORPORATION			
Principal Place of Business 442 APRIL LN APOPKA, FL 32712		Mailing Address 442 APRIL LN APOPKA, FL 32712	
2. Principal Place of Business 1501 Foxfire Drive Suite, Apt. #, etc.		3. Mailing Address 1501 Foxfire Drive Suite, Apt. #, etc.	
City & State Apopka, FL Zip 32712 Country		City & State Apopka, FL Zip 32712 Country	
4. FEI Number 59-3681981		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PELLETIER, MEREDITH G 442 APRIL LN APOPKA, FL 32712		7. Name and Address of New Registered Agent Name Pelletier, Meredith G. Street Address (P.O. Box Number is Not Acceptable) 1501 Foxfire Drive City Apopka FL Zip Code 32712	
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: <u><i>Meredith G. Pelletier</i></u> DATE: 4-7-06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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	P PELLETIER, MEREDITH G 442 APRIL LANE APOPKA, FL 32712	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PELLETIER, MICHAEL J 442 APRIL LANE APOPKA, FL 32713	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1501 Foxfire Drive Apopka, FL 32712	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	1501 Foxfire Drive Apopka, FL 32712	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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: <u><i>Meredith G. Pelletier</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 4-7-06 Daytime Phone #: 407/580-6980	