FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90014 002 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000041562

1. Entity Name
Morpheus Partners, Inc.

DO NOT WRITE IN THIS SPACE

40010799

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number
1281 Encore Way #C	1281 Encore Way #C	65-1095257
Suite, Apt. # etc Sarasota, FL	Suite, Apt. # etc Sarasota, FL	☐ Applied For ☐ Not Applicable
City & State 34236 USA	City & State 34236 USA	
Zip / Country	Zip / Country	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Spiegel & Utrera, P.A.

Street Address (P.O. Box Number is Not Acceptable)

1840 Coral Way, 4th Floor

City: Miami FL Zip Code: 33145

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: JoLean B. Williams JOLEAN B. WILLIAMS 2-6-06

Signature of registered agent and title if applicable — Typed or printed name of registered agent and title if applicable — DATE: Registered agent's signature required for filing

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President SCOTT WEINERTH 1281 ENCORE WAY #C SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer JOLEAN WILLIAMS 1281 ENCORE WAY #C SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY JOLEN WILLIAMS 1281 ENCORE WAY #C SARASOTA, FL 34236
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12. I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: JoLean B. Williams JOLEAN B. WILLIAMS 2-6-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date

CR2E034B (12/02)