FILED 2006 FOR PROFIT CORPORATION Mar 16, 2006 08:00 AM **ANNUAL REPORT** Secretary of State **DOCUMENT # P01000058603** MURCO INVESTMENTS, INC. Principal Place of Business Mailing Address 1401 E. BROWARD BLVD. 1401 E. BROWARD BLVD. #200 #200 FT LAUDERDALE, FL 33301 FT LAUDERDALE, FL 33301 No Chg-P CR2E034 (11/05) 01112006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1129365 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MURRAY, DAVID G DO NOT WRITE 1401 E. BROWARD BLVD. #200 FT LAUDERDALE, FL 33301 IN THIS SPACE 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. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE MURRAY, DAVID G NAME STREET ADDRESS 1401 E. BROWARD BLVD, #200 U00000469290 03/25/06-80023-012 150.00 FORT LAUDERDALE, FL 33301 £277-57-229 THLE NAME STREET ADDRESS City-St-Zip 7171.8 NAME STREET ADDRESS DO NOT WRITE CITY-SY-ZIP IN THIS SPACE 1/817 NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP BILL

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I turther 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 it changed, or on an attachment with an eddress, with all other like appowered.

SIGNATURE: _

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND FIFED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

3-15-06

Caytime Phone #