
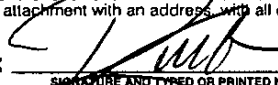


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-28-2005 90220 018 ***150.00

DOCUMENT # P01000079563 1. Entity Name MORGAN CAPITAL INVESTMENTS, INC.					
Principal Place of Business 4506 GRAINARY AVE. TAMPA, FL 33624			Mailing Address 4506 GRAINARY AVE. TAMPA, FL 33624		
2. Principal Place of Business 8829 N. MOBLEY Rd.			3. Mailing Address 8829 N. MOBLEY Rd.		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State ODESSA, Florida		City & State ODESSA, Florida		4. FEI Number 59-3740086	
Zip 33556		Country U.S.		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 MORGAN, BRIAN 4506 GRAINARY AVE. TAMPA, FL 33624			7. Name and Address of New Registered Agent Name MORGAN, BRIAN Street Address (P.O. Box Number is Not Acceptable) 8829 N MOBLEY Rd. City ODESSA FL Zip Code 33556		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PSTD MORGAN, BRIAN 4506 GRAINARY AVE. TAMPA, FL 33624		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MORGAN, BRIAN 8829 N MOBLEY Rd. ODESSA, FL 33556	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 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 Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE:  BRIAN MORGAN 2/22/05 (813) 690-8176					

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02222005 Chg-P CR2E034 (10/03)