

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90379 002 \*\*\*150.00

**DOCUMENT # P03000057507**

1. Entity Name  
**MORRA CONSTRUCTION CORP.**



Principal Place of Business  
 27 S.E. 24TH AVENUE  
 SUITE 8  
 POMPANO BEACH, FL 33062

Mailing Address  
 1418 MAGNOLIA DRIVE  
 BOYNTON BEACH, FL 33436

*60024444*



2. Principal Place of Business  
*1418 Magliano drive*  
 Suite, Apt. #, etc.

3. Mailing Address  
*1418 Magliano drive*  
 Suite, Apt. #, etc.

03312006 Chg-P CR2E034 (11/05)

City & State  
*Boynton Beach, FL*

City & State  
*Boynton Bch FL*

Zip  
*33436*

Country  
*Palm Beach*

4. FEI Number  
**04-3759405**

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent

**WALLIS & WALLIS, P.A.**  
 2641 E. ATLANTIC BLVD.  
 SUITE 307  
 POMPANO BEACH, FL 33062

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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: *John Morra* DATE: *3/31/06*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$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 MORRA, JOHN J 27 S.E. 24TH AVENUE, SUITE 8 POMPANO BEACH, FL 33062 <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	S/T MORRA, LUCY 27 S.E. 24TH AVENUE, SUITE 8 POMPANO BEACH, FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *John Morra* DATE: *3/31/06*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #