

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000080010

Entity Name: MORRIS ALLEN & ASSOCIATES, INC.

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

541 EAST TENNESSEE ST, SUITE 116
TALLAHASSEE, FL 32308

New Principal Place of Business:

3017 POWELL ROAD
SUITE 2
TALLAHASSEE, FL 32308

Current Mailing Address:

2609 NEZ PERCE TRAIL
TALLAHASSEE, FL 32303

New Mailing Address:

3017 POWELL ROAD
SUITE 2
TALLAHASSEE, FL 32308

FEI Number: 41-2103114

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, WALTER L JR.
2884 EAST PARK AVE
SUITE B
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

DAVIS, WALTER L JR.
3017 POWELL ROAD
SUITE 2
TALLAHASSEE, FL 32308 US

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.

SIGNATURE:

04/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DAVIS, WALTER L JR.
Address: 2884 EAST PARK AVE, SUITE B
City-St-Zip: TALLAHASSEE, FL 32301

Title: VP () Delete
Name: MOON-FULL, YEH
Address: 2884 EAST PARK AVE, SUITE B
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DAVIS, WALTER L JR.
Address: 3017 POWELL ROAD, SUITE 2
City-St-Zip: TALLAHASSEE, FL 32308

Title: VP (X) Change () Addition
Name: MOON-FULL, YEH
Address: 3017 POWELL ROAD, SUITE 2
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. WALTER L. DAVIS, JR.

PRES

04/29/2008

Electronic Signature of Signing Officer or Director

Date