

2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

06 MAR -8 PM 3: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JSU



01192006 No Chg-P CR2E034 (11/05)

4. FEI Number 33-1073129	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DOCUMENT # P03000116835
1. Entity Name
MORNINGSIDE CENTER, INC.



Principal Place of Business C/O JAMES L. CASE 2810 EAST OAKLAND PARK BLVD., SUITE 102 FORT LAUDERDALE, FL 33306	Mailing Address C/O JAMES L. CASE 2810 EAST OAKLAND PARK BLVD., SUITE 102 FORT LAUDERDALE, FL 33306
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CASE, JAMES L
2810 EAST OAKLAND PARK BLVD., SUITE 102
FORT LAUDERDALE, FL 33306

DO NOT WRITE 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.

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

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

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASE, JAMES L 2810 EAST OAKLAND PARK BLVD., SUITE 102 FORT LAUDERDALE, FL 33306
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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: _____ *James L Case* _____ Date: 2/24/06 _____ Daytime Phone #: 954-563-1020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR