


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000116835

1. Entity Name
MORNINGSIDE CENTER, INC.



FILED

07 MAY 10 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04172007 Chg-P CR2E034 (12/06)

4. FEI Number 33-1073129				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			7. Name and Address of New Registered Agent		
CASE, JAMES L 2810 EAST OAKLAND PARK BLVD., SUITE 102 FORT LAUDERDALE, FL 33306			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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	Delete <input type="checkbox"/>		TITLE	PSTD	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
NAME	CASE, JAMES L			NAME	Case, James L		
STREET ADDRESS	2810 EAST OAKLAND PARK BLVD., SUITE 102			STREET ADDRESS	2810 E Oakland Park Blvd, Ste.102		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33306			CITY-ST-ZIP	Fort Lauderdale, FL 33306		
TITLE		Delete <input type="checkbox"/>		TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME				NAME	100103023121		
STREET ADDRESS				STREET ADDRESS	05/22/07--01035--003 **200.00		
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		Delete <input type="checkbox"/>		TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		Delete <input type="checkbox"/>		TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		Delete <input type="checkbox"/>		TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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:  **4/17/07** 954-563-1200

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