

2007 FOR PROFIT CORPORATION ANNUAL REPORT


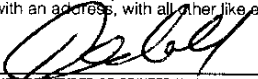
FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90068 037 ***150.00

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01312007 Chg-P CR2E034 (12/06)

DOCUMENT # P03000121124					
1. Entity Name EST-MOR, INC.					
Principal Place of Business 500 EAST BROWARD BOULEVARD, SUITE 1950 FORT LAUDERDALE, FL 33394			Mailing Address 500 EAST BROWARD BOULEVARD, SUITE 1950 FORT LAUDERDALE, FL 33394		
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	4. FEI Number 04-2588293	
				Applied For 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		
BOYLE, CONRAD J 500 EAST BROWARD BOULEVARD, SUITE 1950 FORT LAUDERDALE, FL 33394			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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, CHARLES		NAME	HILL, CHARLES	
STREET ADDRESS	19684 OAKBROOK CIRCLE		STREET ADDRESS	921 Via Di Felicita	
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY-ST-ZIP	Encinitas, CA 92024	
TITLE	PST	<input type="checkbox"/> Delete	TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, CHARLES		NAME	HILL, CHARLES	
STREET ADDRESS	19684 OAKBROOK CIR.		STREET ADDRESS	921 Via Di Felicita	
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY-ST-ZIP	Encinitas, CA 92024	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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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: 			2/27/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		