2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005
Secretary of State

DOCUMENT# P04000080225

Entity Name: MORNINGWOOD SERVICES CORP.

Current Principal Place of Business:

1998 EMBASSY ROAD
NORTH PORT, FL 34286

New Principal Place of Business:

Current Mailing Address:

1998 EMBASSY ROAD
NORTH PORT, FL 34286

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MUNOZ, HECTOR
1998 EMBASSY ROAD
NORTH PORT, FL 34286 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MUNOZ, HECTOR
Address: P.O. BOX 2363
City-St-Zip: MIDDLEBURG, FL 320502363

Title: VD ( ) Delete
Name: CLAYDON, JAMES D III
Address: 1998 EMBASSY ROAD
City-St-Zip: NORTH PORT, FL 34286

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MUNOZ, HECTOR
Address: 2953 PADDOCK CT
City-St-Zip: NORTH PORT, FL 34288

Title: D (X) Change ( ) Addition
Name: CLAYDON, JAMES D III
Address: 1998 EMBASSY ROAD
City-St-Zip: NORTH PORT, FL 34286

Title: P ( ) Change (X) Addition
Name: DODSON, FRANCIS V
Address: 507 VERONE ST
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: VP ( ) Change (X) Addition
Name: PARTRIDGE, AARON R
Address: 1062 SANGER ST
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: S ( ) Change (X) Addition
Name: CLAYDON, CHERIE L
Address: 1998 EMBASSY RD
City-St-Zip: NORTH PORT, FL 34286

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAMES D CLAYDON III D 04/18/2005

Electronic Signature of Signing Officer or Director — Date