
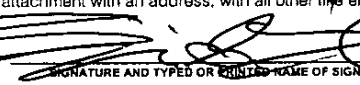


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90238 016 ***150.00

DOCUMENT # P04000141858 1. Entity Name MORGAN AND DINKINS, INC.			
Principal Place of Business 1524 SMITH STREET SUITE 103 ORANGE PARK, FL 32073		Mailing Address 1524 SMITH STREET SUITE 103 ORANGE PARK, FL 32073	
2. Principal Place of Business 1455 PLAINFIELD AVE Suite, Apt. #, etc.		3. Mailing Address 1455 PLAINFIELD AVE Suite, Apt. #, etc.	
City & State ORANGE PARK, FL Zip Country 32073		City & State ORANGE PARK, FL Zip Country 32073	
4. FEI Number 20-1755745		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 DINKINS, BENJAMIN S. 1524 SMITH STREET SUITE 103 ORANGE PARK, FL 32073		7. Name and Address of New Registered Agent Name DINKINS, BENJAMIN S. Street Address (P.O. Box Number is Not Acceptable) 1455 PLAINFIELD AVE City ORANGE PARK, FL Zip Code 32073	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	P DINKINS, BENJAMIN S. 1524 SMITH STREET, SUITE 103 ORANGE PARK, FL 32073	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DINKINS, BENJAMIN S. 1455 PLAINFIELD AVE ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORGAN, PETER C. 1524 SMITH STREET, SUITE 103 ORANGE PARK, FL 32073	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORGAN, PETER C. 1455 PLAINFIELD AVE ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		BENJAMIN S. DINKINS	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 5/1/06 Daytime Phone #	