


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90182 038 ***150.00

DOCUMENT # P04000144464		
1. Entity Name MORSETECH, INC.		

Principal Place of Business P.O. BOX 568932 ORLANDO FL 32856 US	Mailing Address P.O. BOX 568932 ORLANDO FL 32856 US
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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

1st MOORE CR2E034 (10/06)

4. FEI Number 20-1812604		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
MORSE, FRANK L JR. 2712 ZEPHYR ROAD ORLANDO FL 32806		Name
		Street Address (P.O. Box Number is Not Acceptable)
		City
		State 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 Make Check Payable to Florida Department of State	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 NAME STREET ADDRESS CITY - ST - ZIP	PRES MORSE, FRANK L JR. P.O. BOX 568932 ORLANDO FL 32856	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D MORSE, Frank L. JR P.O. BOX 568932 ORLANDO, FL 32856
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIR MORSE, ROSALIND V P.O. BOX 568932 ORLANDO FL 32856	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D MORSE, Rosalind V. P.O. Box 568932 Orlando, FL 32856
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MORSE, III, FRANK L PO BOX 568932 ORLANDO FL 32856	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D MORSE, III, Frank L. P.O. Box 568932 ORLANDO, FL 32856
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D MORSE, Patrick J. P.O. Box 568932 ORLANDO, FL 32856
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Rosalind V. Morse Rosalind V. Morse 4-9-07 (407) 649-8193