

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000110272

Entity Name: MORFA TECHNOLOGIES, INC.

FILED
Apr 27, 2008
Secretary of State

Current Principal Place of Business:

4109 WELLINGTON WOODS CIRCLE
#201
KISSIMMEE, FL 34741

New Principal Place of Business:

4709 WILLOUGHBY ST
KISSIMMEE, FL 34758

Current Mailing Address:

4109 WELLINGTON WOODS CIRCLE
#201
KISSIMMEE, FL 34741

New Mailing Address:

4709 WILLOUGHBY ST
KISSIMMEE, FL 34758

FEI Number: 20-3275307

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MORFA, ELVIS L
4109 WELLINGTON WOODS CIRCLE
#201
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

MORFA, ELVIS L
4599 ROSS LANIER LN
KISSIMMEE, FL 34758 US

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:

04/27/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MORFA, ELVIS L
Address: 4109 WELLINGTON WOODS CIRCLE #201
City-St-Zip: KISSIMMEE, FL 34741

Title: VD () Delete
Name: OLIVARES, JOSE O
Address: 4109 WELLINGTON WOODS CIRCLE
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MORFA, ELVIS L
Address: 4599 ROSS LANIER LN
City-St-Zip: KISSIMMEE, FL 34758

Title: VD (X) Change () Addition
Name: OLIVARES, JOSE O
Address: 4709 WILLOUGHBY ST
City-St-Zip: KISSIMMEE, FL 34758

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ELVIS MORFA

P

04/27/2008

Electronic Signature of Signing Officer or Director

Date