

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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**FILED**  
**Jun 12, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90206 036 \*\*\*150.00

<b>DOCUMENT # P05000124622</b> 1. Entity Name <b>MICHAEL C. MORGAN, P.A.</b>					
Principal Place of Business <b>50 KINDRED ST, SUITE 201 STUART, FL 34994</b>			Mailing Address <b>50 KINDRED ST, SUITE 201 STUART, FL 34994</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>20-3481775</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>GUEST, JAMES M 50 KINDRED ST, SUITE 201 STUART, FL 34994</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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) Signature, typed or printed name of registered agent and title if applicable DATE					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST MORGAN, MICHAEL C 50 KINDRED ST, SUITE 201 STUART, FL 34994 <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	D MORGAN, MICHAEL C 50 KINDRED ST, SUITE 201 STUART, FL 34994 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <b>4/18/06</b> Daytime Phone #: <b>772-260 5448</b>		

66018587



04172006 Chg-P CR2E034 (11/05)

ATTACHMENT

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# P05000124622

JAMES M. GUEST, CPA, P.A.  
50 Kindred Street Suite 201  
Stuart, FL 34994  
(772) 286-9005

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April 15, 2006

RE: Annual Report Notice

We received the post card notification that it is time to file your annual report for 2006. I have printed out the report and instruction sheet for you. Please be sure to verify all information, sign and mail this report along with your payment (\$150) as early as possible. This must be taken care of before May 1, 2006 or there will be a \$550.00 penalty fee and possible dissolution of the corporation. If you have any questions, please contact our office.

Sincerely,

JAMES M. GUEST, CPA, P.A.