

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000111655

FILED
Feb 20, 2009
Secretary of State

Entity Name: MORSE MARKET INC

Current Principal Place of Business:

1000 MASSACHUSETTS AVENUE
SAINT CLOUD, FL 34769 US

New Principal Place of Business:

Current Mailing Address:

1000 MASSACHUSETTS AVENUE
SAINT CLOUD, FL 34769 US

New Mailing Address:

FEI Number: 65-1288661 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RASHID, MOHAMMAD I
1000 MASSACHUSETTS AVENUE
SAINT CLOUD, FL 34769 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: P () Delete
Name: RASHID, MOHAMMAD I
Address: 1000 MASSACHUSETTS AVENUE
City-St-Zip: SAINT CLOUD, FL 34769 US

Title: D () Delete
Name: RASHID, MOHAMMAD R
Address: 1000 MASSACHUSETTS AVENUE
City-St-Zip: SAIND CLOUD, FL 34769 US

Title: D () Delete
Name: RASHID, SOHAIL
Address: 1000 MASSACHUSETTS AVENUE
City-St-Zip: SAINT CLOUD, FL 34769 US

Title: S () Delete
Name: RASHID, ZENAT R
Address: 1000 MASSACHUSETTS AVE
City-St-Zip: SAINT CLOUD, FL 34769

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MOHAMMAD IRFAN RASHID

P

02/20/2009

Electronic Signature of Signing Officer or Director

Date