

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 27, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90223 037 \*\*\*150.00

<b>DOCUMENT # P07000006541</b>					
<b>1. Entity Name</b> BENNETT MORRISON, INC.					
<b>Principal Place of Business</b> 2700 N. 29TH AVE., SUITE 302 HOLLYWOOD, FL 33020			<b>Mailing Address</b> 2700 N. 29TH AVE., SUITE 302 HOLLYWOOD, FL 33020		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b>			
<b>Zip</b>		<b>Country</b>		<b>Zip</b>	
<b>Country</b>		<b>Country</b>		04242008    Chg-P    CR2E034 (12/06)	
<b>4. FEI Number</b> 208344298				<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  LOWENSTEIN, HENRY A 617 W. 46TH ST. MIAMI BCH, FL 33140			<b>7. Name and Address of New Registered Agent</b> Name: <u>Bennett Morrison</u> Street Address (P.O. Box Number is Not Acceptable): <u>13101 Collins Ave #708</u> City: <u>Sunny Isles Beach</u> FL    Zip Code: <u>33160</u>		
<b>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.</b> SIGNATURE: <u>Bennett Morrison</u> <u>President</u> <u>04/30/08</u> DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> 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	D MORRISON, BENNETT 2700 N. 29TH AVE., SUITE 302 HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
<b>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.</b>			SIGNATURE: <u>Bennett Morrison</u> <u>04/30/08</u> <u>305-469-1330</u> <u>305-469-1330</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #		

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