

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P93000020897

1. Entity Name

MORTON GROUP, INC.



**FILED
Apr 26, 2006 8:00 am
Secretary of State**

04-26-2006 90173 026 ***150.00



1st MOORE CR2E034 (10/05)

Principal Place of Business 5350-W Atlantic Ave Suite, Apt. #, etc. 102		Mailing Address 15340 JOG ROAD SUITE 200 DELRAY BEACH FL 33446	
2. Principal Place of Business 5350-W Atlantic Ave Suite, Apt. #, etc. 102		3. Mailing Address Same as #2 Suite, Apt. #, etc.	
City & State Delray Beach FL		City & State	
Zip 33484	Country USA	Zip	Country
6. Name and Address of Current Registered Agent MORTON, MICHAEL 15340 JOG ROAD SUITE 200 DELRAY BEACH FL 33446		7. Name and Address of New Registered Agent Name 5350-W. Atlantic Ave #102 Street Address (P.O. Box Number is Not Acceptable) Delray Beach FL 33484	
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. <i>[Signature]</i>			
SIGNATURE <i>[Signature]</i>		Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	
DATE 4-11-06		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORTON, MICHAEL 15340 JOG ROAD SUITE 200 DELRAY BEACH FL 33446	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 5350-W. Atlantic Ave. #102 Delray Beach FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORTON, BRADLEY 15340 JOG ROAD SUITE 200 DELRAY BEACH FL 33446	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 5350 W ATLANTIC AVE #102 Delray Beach FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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:

[Signature] **MICHAEL MORTON** **4/11/06** **581-6029222**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #