


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90039 019 ***150.00

DOCUMENT # P95000012934		
1. Entity Name MORROW ENTERPRISES OF THE PALM BEACHES, INC.		

Principal Place of Business 503 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH, FL 33411 US	Mailing Address 503 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH, FL 33411 US
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2. Principal Place of Business - No P.O. Box # 350 130th AVE	3. Mailing Address 350 130th AVE
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State VERO BEACH FL	City & State VERO BEACH, FL
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Zip 32968	Country USA	Zip 32968	Country USA
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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MORROW, KATHLEEN A 15359 MORROW COURT LOXAHATCHEE, FL 33470	
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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: Kathleen G. Morrow DATE: 2/18/08
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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MORROW, KATHLEEN A 15359 MORROW COURT LOXAHATCHEE, FL 33470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 350 130th AVE VERO BEACH, FL 32968
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORROW, JOHN W 15359 MORROW COURT LOXAHATCHEE, FL 33470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 350 130th AVE VERO BEACH, FL 32968
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
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: Kathleen G. Morrow DATE: 2/18/08 DAYTIME PHONE: 772-257-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

40030755



02182008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0564350	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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