2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 11, 2006 08:00 AM Secretary of State DOCUMENT # P96000100803 MORTON MORRIS, D.O., J.D., P.A. Principal Place of Business Mailing Address 512 PALM DRIVE 512 PALM DRIVE HALLANDALE BEACH, FL 33009 HALLANDALE BEACH, FL 33009 01162006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FE! Number Applied For 65-0714811 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MORRIS, MORTON **JU NOT WRITE** 512 PALM DRIVE HALLANDALE BEACH, FL 33009 IN THIS SPACE 6. 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 ______Sgreture, typed or printed name of registered agent and trie if applicable. (NCTE: Registered Agent signature required when resisting) בלונו U00000502286 FILE NOW!!! FEE IS \$150,00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be \$4/25/06-30099-001 150.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS O TITLE NAME MORRIS, MORTON STREET ADDRESS 512 PALM DRIVE CITY-ST-ZIP HALLANDALE BEACH, FL 33009 TITLE NAME STREET ADDRESS CITY-51-70 TITLE MAME STREET ADORESS DO NOT WRITE DIY-ST-21P πε IN THIS SPACE MANUF STREET ADDRESS CXTY-SY-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP BBF NAME STREET ADDRESS DIY-SI-ZP 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.

AME OF SIGNING OFFICER OR DIRECTOR

FILED