


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90016 031 ***150.00

DOCUMENT # P97000007411	
1. Entity Name MORGAN BUILDING CORP.	

Principal Place of Business 8409 SE DOUBLE TREE DR HOBE SOUND FL 33455 US	Mailing Address 8409 SE DOUBLE TREE DR HOBE SOUND FL 33455 US
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2. Principal Place of Business 10817 SW DARDANVILLE DR	3. Mailing Address 10817 SW DARDANVILLE DR
Suite, Apt. #, etc. DRIVE	Suite, Apt. #, etc.

City & State Port St Lucie FL	City & State PSC
Zip 34987	Country ST Lucie

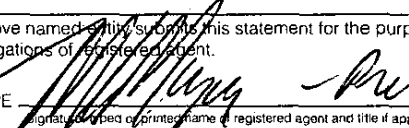
54013720

MOORE CR2E034 (11/03)

4. FEI Number 65-0724147	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MORGAN, MARK 8409 SE DOUBLE TREE DR HOBE SOUND FL 33455	
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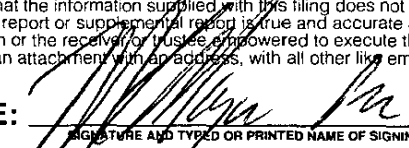
7. Name and Address of New Registered Agent Name 10817 SW DARDANVILLE DR Street Address (P.O. Box Number is Not Acceptable) Port St Lucie FL 34987	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.	
SIGNATURE 	DATE 2-25-04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	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	
TITLE PSTD	<input type="checkbox"/> Delete
NAME MORGAN, MARK S	
STREET ADDRESS 8409 SE DOUBLE TREE DR	See new name
CITY-ST-ZIP HOBE SOUND FL 33455	
TITLE D	<input type="checkbox"/> Delete
NAME MORGAN, MARJORIE	
STREET ADDRESS 7783 SE SPICEWOOD CR	
CITY-ST-ZIP HOBE SOUND FL 33455	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	Date 2-25-04 772 263-0584
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	