## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# DOZOGO49720

DOCOME	:NI# F3	7000046	120			Secretar	y or State	
Entity Name	: MORRE	EN-MONDIA	L ASSOCIATES, IN	C.				
Current Principal Place of Business:				New Prin	New Principal Place of Business:			
HCR 69 R.R CUTLER, MI		58						
Current Mai	ling Addre	ess:		New Mai	ling Address	:		
BOX 39606 FT LAUDER	DALE, FL	33339 U	S					
FEI Number: 5	8-2321043	FEI Numb	per Applied For ( )	FEI Number Not Ap	plicable ( )	Certificate of S	Status Desired ( )	
Name and Address of Current Registered Agent:				Name an	Name and Address of New Registered Agent:			
BIRKEGREN 1531 NE 63F FORT LAUC	O STREE	Τ	US					
The above n in the State o		/ submits thi	s statement for the	purpose of changing	its registered	office or registe	ered agent, or both,	
SIGNATURE	Ē:							
	Electro	onic Signatu	re of Registered Ag	ent		Date		
Election Camp	aign Financi	ng Trust Fund	d Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
	DP ( MORREN, JA	) Delete N F		Title: Name:	DP (	(X) Change()Add	ition	

Address: HCR 69 R.R. BOX #1258 Address: 2345 CUTLER RD City-St-Zip: CUTLER, ME 04626 City-St-Zip: CUTLER, ME 04626

() Delete Title: () Change () Addition

BIRKEGREN, MELTEM Name: Name: Address: 1531 NE 63RD STREET Address: FORT LAUDERDALE, FL 33334 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAN F MORREN D/P 05/01/2004