


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**C** DOCUMENT # P97000063296  
**1.** Entity Name  
**B** MORAR PROPERTIES INC.



**Pr** Principal Place of Business  
**2** ORLANDO DR  
**St** ORLANDO, FL 32732

**Ma** Mailing Address  
 2706 ORLANDO DR  
 SANFORD, FL 32732



01112006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4.** FEI Number  
 59-3504918  Applied For  
 Not Applied For

**5.** Certificate of Status Desired  **\$8.75** Additional Fee Required

**6.** Name and Address of Current Registered Agent

**M** MORAR, GOVIND  
**2** ORLANDO DR  
**S** SANFORD, FL 32732

**DO NOT WRITE IN THIS SPACE**

**B.** 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.

**SI** SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

**9.** Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS	
<b>TT</b> TITLE <b>NA</b> NAME <b>ST</b> ADDRESS <b>CR</b> CITY	PD MORAR, GOVIND 2706 ORLANDO DR SANFORD, FL 32732
<b>TT</b> TITLE <b>NA</b> NAME <b>ST</b> ADDRESS <b>CR</b> CITY	VD MORAR, USHA 2706 ORLANDO DR SANFORD, FL 32732
<b>TT</b> TITLE <b>NA</b> NAME <b>ST</b> ADDRESS <b>CR</b> CITY	
<b>TT</b> TITLE <b>NA</b> NAME <b>ST</b> ADDRESS <b>CR</b> CITY	
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UD0000397721  
 01/30/06-80060-020 150.00

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**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.

**S** SIGNATURE: *Govind N. Morar* 1/17/2006  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #