


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90447 028 ***158.75

DOCUMENT # P97000080072	
1. Entity Name MORPROP, INC.	

Principal Place of Business 1917 BOOTHE CIRCLE., #171 LONGWOOD, FL 32750 US	Mailing Address P O BOX 941719 MAITLAND, FL 32794 US
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50015033



2. Principal Place of Business 503 Wekiwa Commons Circle Suite, Apt. #, etc.	3. Mailing Address P.O. Box 1029 Suite, Apt. #, etc.
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04042006 Chg-P CR2E034 (11/05)

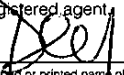
City & State Apopka, FL	City & State Apopka, FL
Zip 32712	Zip 32704
Country Orange	Country Orange

4. FEI Number 59-3468661	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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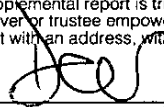
6. Name and Address of Current Registered Agent MOORE, DONALD L JR. 1917 BOOTHE CIRCLE., #171 LONGWOOD, FL 32750
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7. Name and Address of New Registered Agent Name Moore, Donald L Jr Street Address (P.O. Box Number is Not Acceptable) 503 Wekiwa Commons Circle City Apopka FL Zip Code 32712

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: 04/04/06

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	D MOORE, DONALD L JR. 1917 BOOTHE CIRCLE., #171 LONGWOOD, FL 32750 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Moore, Donald L Jr. P.O. Box 1029 Apopka, FL 32704 <input checked="" 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
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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:  Pres. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	04/04/06 407-410-0210 Date Daytime Phone #