2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P97000098044 01-17-2006 90273 042 ***158.75 MOREA ENTERPRISES, INC. Principal Place of Business Mailing Address 226 MAIN STREET 226 MAIN STREET DESTIN, FL 32541 DESTIN, FL 32541 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102006 Chg-P CR2E034 (11/05) Applied For City & State City & State 4. FEI Number 59-3480952 Not Applicable Country Zip Country \$8.75 Additional X 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Patti L. Morca MOREA, RICHARD L Street Address (P.O. Box Number is Not Acceptable) 226 MAIN STREET DESTIN, FL 32541 224 Main Street 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. President morea 1.10.06 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. П Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE Delete Change ■ Addition MOREA, RICHARD L NAME 226 MAIN STREET STREET ADORESS STREET ADDRESS CITY-ST-ZIP DESTIN, FL 32541 CITY-ST-ZIP President TITLE Delete TITLE X Change ■ Addition MOREA. PATTI L NAME NAME STREET ADDRESS 226 MAIN STREET STREET ADDRESS CITY-ST-ZIP DESTIN, FL 32541 CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete TITLE TITLE Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

x morea

TED NAME OF SIGNING OFFICER OR DIRECTOR

Patri

SIGNATURE:

FILED

Jan 17, 2006 8:00 am