


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90668 007 ***150.00

DOCUMENT # P98000066587			
1. Entity Name ALLIED/MORSE CENTRES, INC.			
Principal Place of Business 630 W. GERMANTOWN PIKE, SUITE 321 PLYMOUTH MEETING PA 19462		Mailing Address 630 W. GERMANTOWN PIKE, SUITE 321 PLYMOUTH MEETING PA 19462	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. Suite 300		Suite, Apt. #, etc. Suite 300	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number 59-2406258		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		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP URDANG, E. SCOTT 630 W. GERMANTOWN PIKE, SUITE 321 PLYMOUTH MEETING PA 19462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Suite 300
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BLUM, DAVID J 630 W. GERMANTOWN PIKE, STE 321 PLYMOUTH MEETING PA 19462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Suite 300
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SANFILIPPO, VINCENT 630 W. GERMANTOWN PIKE, STE 321 PLYMOUTH MEETING PA 19462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Suite 300
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TC FERST, RICHARD J 630 W GERMANTOWN PIKE STE 321 PLYMOUTH MEETING PA 19462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Suite 300
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRECO, MARK B 630 W GERMANTOWN PIKE STE 321 PLYMOUTH MEETING PA 19462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Suite 300
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRESHAM, MELISSA 630 W. GERMANTOWN PIKE, STE 321 PLYMOUTH MEETING PA 19462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Suite 300

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: David J. Blum **DAVID J. BLUM** 4-6-04 610-834-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #