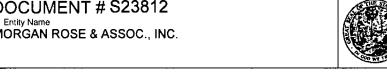
2006 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # S23812 1. Entity Name MORGAN ROSE & ASSOC., INC.

FILED May 08, 2006 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1610 HURON TRAIL MAITLAND, FL 32751 US Mailing Address

1610 HURON TRAIL MAITLAND, FL 32751



No Chg-P

CR2E034 (11/05)

4.	FEI Number	
	59-3045381	

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6.	Name	and	Address	of Curre	nt Rea	stered	Agent

HINER, ROSS W 1610 HURON TRAIL MAITLAND, FL 32751

DO NOT WRITE IN THIS SPACE

					•
	named entity submits this statement for the tions of registered agent.	purpose of changing its re	egistered office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and to	te if applicable (NOTE: I	Registered Agent signature	required when reinstaling)	DATE
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006				\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIR	ECTORS			
NITLE NAME STREET ADDRESS CITY-ST-ZIP	P HINER, ROSS W 1610 HURON TRAIL MAITLAND, FL 32751				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000563502 05/20/06-80015-008 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·			•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			;;·		
12. I hereby	certify that the information supplied with this	s filing does not qualify for	the exemptions cor	ntained in Chapter 11	9. Florida Statutes. I further certify that the information

of the corporation of the receiver or trustee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE: