

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

| | | | |
|---|--------------------|---|--|
| DOCUMENT # V04263 | |  | |
| 1. Entity Name MORSE BROS. CITRUS CORP. | | | |
| Principal Place of Business 9000 SW 87TH CT SUITE 218 MIAMI, FL 33176 | | Mailing Address 9000 SW 87TH CT SUITE 218 MIAMI, FL 33176 | |
| DO NOT WRITE IN THIS SPACE | | | |
| | |  | |
| | | 01042006 No Chg-P CR2E034 (11/05) | |
| 4. FEI Number 65-0309920 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MONDSCHIEIN, LEONARD E. 9000 SW 87TH CT SUITE 218 MIAMI, FL 33176 | | DO NOT WRITE IN THIS SPACE | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> DATE _____ | | | |
| 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 | |
| | | 1000000408950 02/08/06-80080-003 150.00 | |
| 10. OFFICERS AND DIRECTORS | | | |
| TITLE | DPV | | |
| NAME | HASELNUSS, SOLOMON | | |
| STREET ADDRESS | 498 WEND AVE | | |
| CITY-ST-ZIP | NEW YORK, NY | | |
| TITLE | ST | | |
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| STREET ADDRESS | 498 WEND AVE | | |
| CITY-ST-ZIP | NEW YORK, NY | | |
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| TITLE | | | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DO NOT WRITE IN THIS SPACE | | | |
| 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:  | | January 25, 2006 (212) 372-2997 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> | |