

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90033 038 \*\*\*\*61.25

**DOCUMENT # 703857**

1. Entity Name  
**MONTICELLO INC**

Principal Place of Business  
**3110 NE 29TH ST  
 FORT LAUDERDALE FL 33308  
 US**

Mailing Address  
**3110 NE 29TH ST  
 FT LAUDERDALE FL 33308  
 US**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
**Unit 7**  
 City & State  
 Zip Country

4. FEI Number  
**NO-T APPLICABLE**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent  
~~CONTI, NOAH  
 3110 NORTHEAST 29TH STREET  
 UNIT 11  
 FORT LAUDERDALE FL 33308~~

7. Name and Address of New Registered Agent  
 Name **NICK CONTE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3110 North East 29th  
 Unit 7**  
 City **Fort Lauderdale** State **FL** Zip Code **33308**

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 *Nick Conte* DATE **1/25/05**

(NOTE: Registered Agent signature required when re-registering)

**FILE NOW: FEE IS \$61.25 Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT FOTZGERALD, MICHAEL 3110 NORTHEAST 29TH STREET #16 FORT LAUDERDALE FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> FITZGERALD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CONTE, NICK 3110 NORTHEAST 29TH STREET #7 FORT LAUDERDALE FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAGER, GARY <input checked="" type="checkbox"/> Delete 3110 NORTHEAST 29TH STREET #8 FORT LAUDERDALE FL 33308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STRAGAND, J <input checked="" type="checkbox"/> Delete 3110 NORTHEAST 29TH STREET FORT LAUDERDALE FL 33308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> JUDY BROWN COMBE Unit 4 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> TAYLOR, PAUL <input type="checkbox"/> Delete 3110 NORTHEAST 29TH STREET #12 FORT LAUDERDALE FL 33308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CONTI, NOAH <input checked="" type="checkbox"/> Delete 3110 NORTHEAST 29TH STREET #11 FORT LAUDERDALE FL 33308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> DAVID PALKON 16842 New England Avenue Piney Park, IL 60477 <input checked="" 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 Section 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 617, 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 *Nick Conte* DATE **2/13/06** **954-215-8700** **1/09**