


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90116 023 \*\*\*\*61.25

<b>DOCUMENT # 703857</b>			
1. Entity Name <b>MONTICELLO INC</b>			
Principal Place of Business <b>3110 NE 29TH ST FORT LAUDERDALE, FL 33308 US</b>		Mailing Address <b>3110 NE 29TH ST UNIT 7 FT LAUDERDALE, FL 33308 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CONTE, NICK 3110 N E 29TH, UNIT 7 FORT LAUDERDALE, FL 33308</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <i>Nick Conte</i>		DATE <b>4/11/08</b>	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>FITZGERALD, MICHAEL</b> <b>3110 NORTHEAST 29TH STREET #16</b> <b>FORT LAUDERDALE, FL 33308</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CICHOW, NORBERT</b> <b>3110 N.E. 29TH ST Unit 6</b> <b>FORT LAUDERDALE, FL 33308</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>CONTE, NICK</b> <b>3110 NORTHEAST 29TH STREET #7</b> <b>FORT LAUDERDALE, FL 33308</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BROWNSCOMBE, JUDY</b> <b>3110 NORTHEAST 29TH STREET</b> <b>FORT LAUDERDALE, FL 33308</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>TAYLOR, PAUL</b> <b>3110 NORTHEAST 29TH STREET #12</b> <b>FORT LAUDERDALE, FL 33308</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>CONSO, JIM</b> <b>131 ROCKLAND STREET</b> <b>QUINCY, MA 02169</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Joe Occhipinti</b> <b>8 AGAWAM Beach Rd.</b> <b>Wareham, MA 02571</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or without other like empowered.			
SIGNATURE: <i>Nick Conte</i>		DATE: <b>4/11/08</b> DAYTIME PHONE: <b>954-568-1574</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	