


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90032 040 \*\*\*\*70.00

<b>DOCUMENT # 707254</b>			
1. Entity Name <b>MONROE ARMS INC</b>		Principal Place of Business 1833 MONROE ST., #9 HOLLYWOOD, FL 33020	
Mailing Address 109 LEAMY ST GARDNER, MA 01440		2. Principal Place of Business <b>SAME</b>	
3. Mailing Address Suite, Apt. #, etc. <b># 8</b>		City & State	
4. FEI Number <b>59-2606722</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		01232006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent <b>AUGUSTINE, LEONORA</b> 1833 MONROE ST 14 APT #10 HOLLYWOOD, FL 33020		7. Name and Address of New Registered Agent Name <b>Bourgeois, Virginia</b> Street Address (P.O. Box Number is Not Acceptable) <b>1833 Monroe St Apt 8</b> City <b>Holly wood,</b> FL Zip Code <b>33020</b>	
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>Virginia Bourgeois</i> Signature, typed or printed name of registered agent and date if applicable.		SIGNATURE <i>Virginia Bourgeois</i> (NOTE: Registered Agent signature required when reinstating) DATE <b>1/25/06</b>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLERANI, IRENE	NAME	
STREET ADDRESS	1833 MONROE ST APT #5	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CROSBIE, NOREEN	NAME	<b>Augustine, Michael</b>
STREET ADDRESS	1833 MONROE STREET APT#4	STREET ADDRESS	<b>1833 Monroe St #10</b>
CITY-ST-ZIP	HOLLYWOOD, FL 33020	CITY-ST-ZIP	<b>Hollywood, FL 33020</b>
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLERANI, EDWARD	NAME	
STREET ADDRESS	1833 MONROE ST	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIX, JEANINE DR.	NAME	
STREET ADDRESS	1833 MONROE ST., #1	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUGUSTINE, LEONORA	NAME	<b>VP Lotnik Michael</b>
STREET ADDRESS	1833 MONROE STREET APT#10	STREET ADDRESS	<b>1833 Monroe St #6</b>
CITY-ST-ZIP	HOLLYWOOD, FL 33020	CITY-ST-ZIP	<b>Hollywood, FL 33020</b>
TITLE	PD/T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOURGEOIS, VIRGINIA	NAME	
STREET ADDRESS	1833 MONROE ST., #8	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	CITY-ST-ZIP	
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 all other like empowered.			
SIGNATURE: <i>Virginia Bourgeois</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SIGNATURE: <i>Virginia Bourgeois</i> Date <b>1/25/06</b> Daytime Phone # <b>978-632-3404</b> <b>954-925-9309</b>	