


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 182173</b> 1. Entity Name <b>MONTE CARLO INC</b>	
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Principal Place of Business <b>212 W ESPANOLA WAY MELBOURNE, FL 32901</b>	Mailing Address <b>212 W ESPANOLA WAY MELBOURNE, FL 32901</b>
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**DO NOT WRITE IN THIS SPACE**



02182005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-6066478</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MILLS, LUTHER P  
428 PORT ROYAL BLVD  
SATELLITE BEACH, FL 32937**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

1000000240167  
02/23/05-80013-022 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLS, LUTHER 428 PORT ROYAL BLVD SATELLITE BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT MARTIN, SHARON K. 212 W. ESPANOLA WAY MELBOURNE, FL 32901,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLS, TIMOTHY A. 2326 BLUE SAPPHIRE CIR. ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLS, DANIEL C. 613 SEMINOLE AVE LONGWOOD, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOREY, NANCYK. 4308 DUNCOMBE DRIVE VALRICO, FL 33594
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 exemption stated in Section 119.07(3)(i), 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:** Sharon K Martin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/2005 321-725-4060  
Date Daytime Phone #