2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 210164

Entity Name: MONET ACRES, INC.

FILED Mar 02, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 671 WEST MONET ACRES PALM BEACH GARDENS, FL 33410 **Current Mailing Address: New Mailing Address:** 671 W. MONET ACRES PALM BEACH GARDENS, FL 33410 US FEI Number: 59-0867322 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROGERS, VIVIAN L 671 W. MONET ACRES PALM BEACH GARDENS, FL 33410 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition CREED, ROBERT Name: Name: 687 MONET ACRES Address: Address: City-St-Zip: PALM BEACH GARDENS, FL 33410 City-St-Zip: VΡ Title: Title: () Delete () Change () Addition KETTELLE, JOHN Name: Name: 683 MONET ACRES Address: Address: PALM BEACH GARDENS, FL 33410 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition ROGERS, VIVIAN Name: Name: 671 W. MONET ACRES Address: Address: PALM BCH GARDENS, FL 33410 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change () Addition HEALY, PAUL HEALY, PAUL Name: Name: Address: 630 MONEY ACRES Address: 630 MONET ACRES City-St-Zip: PALM BCH GARDENS, FL 33410 City-St-Zip: PALM BCH GARDENS, FL 33410 Title: Title: () Delete () Change () Addition BAUER, RITA Name: Name: 668 MONET ACRES Address: Address: City-St-Zip: PALM BCH GARDENS, FL 33410 City-St-Zip: Title: () Delete Title: (X) Change () Addition LEGRAND, JON POL Name: Name: BEAGLE, JACK 620 MONET ACRES Address: 632 MONET ACRES Address: City-St-Zip: PBG. FL 33410 City-St-Zip: PBG, FL 33410

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT CREED PRES 03/02/2005