2008 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Jan 17, 2008 08:00 AN Secretary of State **DOCUMENT # 295355** 1. Entity Name MONI, INC. Principal Place of Business Mailing Address 606 CYPRESS GARDENS ROAD 606 CYPRESS GARDENS ROAD WINTER HAVEN, FL 33880 WINTER HAVEN, FL 33880 No Chg-P 01142008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1109973 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DAVIS, DENNIS G. DO NOT WRITE 223 NASSAU ROAD WINTER HAVEN, FL 33880 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U00000787032 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 01/17/08-80064-011 150.00 OFFICERS AND DIRECTORS 10. IMLE NAME DAVIS, DENNIS G. 223 NASSAU ROAD STREET ADDRESS WINTER HAVEN, FL 33884 CITY-ST-7IP TITLE WITTENBERG, BARBARA J NAME STREET ADDRESS 749 SANTA MARIA DRIVE CITY-ST-ZIP WINTER HAVEN, FL 33884 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE grant of the strategy were a super state of the

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 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.

STREET ADDRESS CITY-ST-ZIP

temm NATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

1-14-08

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Daytime Phone #