

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J25251

Entity Name: MONOKO, INC.

FILED
Apr 24, 2006
Secretary of State

Current Principal Place of Business:

1037 PENINSULA AVE.
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

1037 PENINSULA AVE.
TARPON SPRINGS, FL 34689

New Mailing Address:

FEI Number: 59-2993379

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MONOKANDILOS, KERI
1037 PENINSULA AVE
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: MONOKANDILOS, KERI
Address: 1037 PENINSULA AVE.
City-St-Zip: TARPON SPRINGS, FL

Title: S () Delete
Name: ANDRIOTIS, ANNA
Address: 1023 HAMILTON AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VP (X) Delete
Name: MONOKANDILOS, DROSSO
Address: 1027 HAMILTON AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: T (X) Delete
Name: MONOKANDILOS, STANLEY
Address: 1037 PENINSULA AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: KERI MONOKANDILOS

PRES

04/24/2006

Electronic Signature of Signing Officer or Director

Date