

FILED  
May 27, 2002 8:00 am  
Secretary of State

05-27-2002 90324 001 \*\*\*150.00

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M66624

1. Entity Name

MONARCH QUILTING, INC.

669811

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3186 PEMBROKE RD

Suite, Apt. #, etc.

3. Mailing Address

3186 PEMBROKE RD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PEMBROKE PARK, FL

Zip

33309

Country

USA

City & State

PEMBROKE PARK, FL

Zip

33309

Country

USA

4. FEI Number

65-0026151

Applied For

(Not Applicable)

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

THIBODEAUX, TAMIE

Street Address (P.O. Box Number is Not Acceptable)

3186 PEMBROKE RD

City PEMBROKE PARK

FL

Zip 33309

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.

SIGNATURE

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

(NOT Registered Agent available required when filing UBR)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See circle on back)

January - May Fee is \$150.00  
Other Months Fee is \$50.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

HENDERSON, VEARDLEE  
3186 PEMBROKE RD.  
PEMBROKE PARK, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, Florida Statutes, and that my name appears in Block 11 or on an attachment with an address, with all other lists empowered.

SIGNATURE: X

Veardlee Henderson

4/30/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E0348 (12/01)