


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90058 047 ****61.25

DOCUMENT # N04000002767 1. Entity Name THE TALKIN' MONKEYS PROJECT, INC.					
Principal Place of Business 1655 PANAMA AVE CLEWISTON, FL 33440		Mailing Address 1655 PANAMA AVE CLEWISTON, FL 33440			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6.- Name and Address of Current Registered Agent				7.- Name and Address of New Registered Agent	
MISOTTI, DEBORAH D 1655 PANAMA AVE CLEWISTON, FL 33440				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MISOTTI, DEBORAH D	NAME			
STREET ADDRESS	1655 PANAMA AVE	STREET ADDRESS			
CITY-ST-ZIP	CLEWISTON, FL 33440	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COLE, MICHELLE	NAME			
STREET ADDRESS	1860 ACORN LN	STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES, FL 33026	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MISOTTI, THOMAS D	NAME			
STREET ADDRESS	1655 PANAMA AVE	STREET ADDRESS			
CITY-ST-ZIP	CLEWISTON, FL 33440	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NAST, DEBORAH	NAME			
STREET ADDRESS	1577 SW 30 PLACE	STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE, FL 33315	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BIRENBAUM, BARRY	NAME			
STREET ADDRESS	777 S FEDERAL HWY, BLDG O - APT 101	STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH, FL 33062	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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 617, 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: _____		Date: 2-15-05		Daytime Phone #: 863-983-2335	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	