

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 16, 2009
Secretary of State**

DOCUMENT# N04000002767

Entity Name: THE TALKIN' MONKEYS PROJECT, INC.

Current Principal Place of Business:

1655 PANAMA AVE
CLEWISTON, FL 33440

New Principal Place of Business:

Current Mailing Address:

1655 PANAMA AVE
CLEWISTON, FL 33440

New Mailing Address:

FEI Number: 51-0499062 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MISOTTI, DEBORAH D
1655 PANAMA AVE
CLEWISTON, FL 33440 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MISOTTI, DEBORAH D
Address: 1655 PANAMA AVE
City-St-Zip: CLEWISTON, FL 33440

Title: D () Delete
Name: COLE, MICHELLE
Address: 1860 ACORN LN
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D () Delete
Name: MISOTTI, THOMAS D
Address: 1655 PANAMA AVE
City-St-Zip: CLEWISTON, FL 33440

Title: D () Delete
Name: NAST, DEBORAH
Address: 1577 SW 30 PLACE
City-St-Zip: FT LAUDERDALE, FL 33315

Title: D () Delete
Name: BIRENBAUM, BARRY
Address: 777 S FEDERAL HWY, BLDG O - APT 101
City-St-Zip: POMPANO BEACH, FL 33062

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:

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

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH D. MISOTTI

D

01/16/2009

Electronic Signature of Signing Officer or Director

Date