

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002767

FILED  
Apr 06, 2012  
Secretary of State

**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  
Name: MISOTTI, DEBORAH D  
Address: 1655 PANAMA AVE  
City-St-Zip: CLEWISTON, FL 33440

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: DEBORAH D. MISOTTI

MS

04/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date