

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N07000001417 1. Entity Name SWEATMONKEY, INC.	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAR 26 AM 11:51

Principal Place of Business 601 BAYSHORE BLVD., SUITE 700 TAMPA, FL 33606	Mailing Address P. O. BOX 2100 LAKELAND, FL 33806
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02282008 Chg-NP CR2E037 (12/06)

City & State	City & State	4. FEI Number 56-2641019	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BOLT, ROBERT S 601 BAYSHORE BLVD., SUITE 700 TAMPA, FL 33606	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete FIELDS, KAY	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	P.O. BOX 2100	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 33806	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete KING, JENNIFER	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	P.O. BOX 2100	STREET ADDRESS	700121418947
CITY-ST-ZIP	LAKELAND, FL 33806	CITY-ST-ZIP	03/27/08--01007--018 **\$61.25
TITLE	D <input type="checkbox"/> Delete MAXWELL, VICKI	TITLE	D/P/CEO/Exec. Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	P.O. BOX 2100	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 33806	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete TOMLINSON, MACON	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	P.O. BOX 2100	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 33806	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete WHEELER, MARGARET A	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	P.O. BOX 2100	STREET ADDRESS	B 3/26/08
CITY-ST-ZIP	LAKELAND, FL 33806	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	MCKEEL, Seth
CITY-ST-ZIP		CITY-ST-ZIP	P.O. Box 2100 Lakeland, FL 33806

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: x *Vicki Maxwell* 3/5/08 #363005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Vicki Maxwell, President Date Daytime Phone #