2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000079695

FILED Apr 26, 2007 Secretary of State

Entity Name: FUNKYBUTTMONKEEMUSIC, INC. **Current Principal Place of Business: New Principal Place of Business:** 1940 BLACKFOOT TR ST CLOUD, FL 34771 **Current Mailing Address: New Mailing Address:** 1940 BLACKFOOT TR ST CLOUD, FL 34771 FEI Number: 59-3739817 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ANNE, ELIZABETH 1940 BLACKFOOT TRL SAINT CLOUD, FL 34771 US 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PST () Delete Title: () Change () Addition ANNE, ELIZABETH Name: Name: 1940 BLACKFOOT TR Address: Address: City-St-Zip: ST CLOUD, FL 34771 City-St-Zip: () Delete Title: VΡ Title: (X) Change () Addition Name: NOLES, MICHAEL Name: NOLES, MICHAEL

6373 CONROY RD APT 1916 Address: 6373 CONROY-WINDERMERE RD APT 1916 Address: ORLANDO, FL 32835 ORLANDO, FL 32835 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH ANNE **PST** 04/26/2007