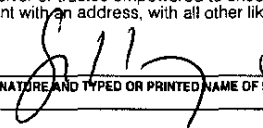


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90292 024 ***500.00

DOCUMENT # P01000119463 1. Entity Name MONACO PRODUCTIONS, INC.																											
Principal Place of Business 351 E. PALMETTO PARK ROAD BOCA RATON, FL 33432		Mailing Address 351 E. PALMETTO PARK ROAD BOCA RATON, FL 33432																									
2. Principal Place of Business 430 S. Congress Suite, Apt. #, etc. Suite 4 City & State Delray Beach FL Zip 33445		3. Mailing Address 430 S. Congress Suite, Apt. #, etc. Suite 4 City & State Delray Beach, FL Zip 33445																									
Country USA		Country USA																									
4. FEI Number 65-1159548		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent WOOLLEY, SCOTT 430 S. CONGRESS AVE DELRAY BEACH, FL 33445		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																									
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:  Scott J. Woolley 4-13-04 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">PS</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WOOLLEY, SCOTT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1430 S. CONGRESS AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DELRAY BEACH, FL 33445</td> <td></td> </tr> </table>		TITLE	PS	<input type="checkbox"/> Delete	NAME	WOOLLEY, SCOTT		STREET ADDRESS	1430 S. CONGRESS AVE		CITY-ST-ZIP	DELRAY BEACH, FL 33445		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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 607, 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:  Scott J. Woolley 4/13/04 564-279-7827 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																											