

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 15, 2005 8:00 am**  
**Secretary of State**

08-15-2005 90081 033 \*\*\*150.00

<b>DOCUMENT # P01000119463</b> 1. Entity Name <b>MONACO PRODUCTIONS, INC.</b>			
Principal Place of Business <b>430 S CONGRESS STE. 4 DELRAY BEACH, FL 33445</b>		Mailing Address <b>430 S CONGRESS STE. 4 DELRAY BEACH, FL 33445</b>	
2. Principal Place of Business <b>6001 Park of Commerce Blvd</b> Suite, Apt. #, etc. <b>Suite 100</b> City & State <b>Boca Raton</b> Zip <b>33487</b>		3. Mailing Address <b>6001 Park of Commerce Blvd</b> Suite, Apt. #, etc. <b>Suite 100</b> City & State <b>Boca Raton</b> Zip <b>33487</b>	
4. FEI Number <b>65-1159548</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>WOOLLEY, SCOTT 430 S. CONGRESS AVE DELRAY BEACH, FL 33445</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>6001 Park of Commerce Blvd</b> <b>Suite 100</b> City <b>Boca Raton</b> <div style="display: inline-block; border: 1px solid black; padding: 2px;"> <b>FL</b> </div> Zip Code <b>33487</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS WOOLLEY, SCOTT 1430 S. CONGRESS AVE DELRAY BEACH, FL 33445	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Woolley, Scott 6001 Park of Commerce Blvd Boca Raton FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: <b>8/1/05</b> Daytime Phone #: <b>261-279-7827</b>	

**50061618**

