


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

01-10-2008 90010 041 ***150.00

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|---|---|
| DOCUMENT # P03000032752 1. Entity Name ALAN & MICHELLE'S MONKEY BAR, INC. |  |
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|---|---|
| Principal Place of Business 1681 GULF TO BAY BLVD. CLEARWATER, FL 33755 | Mailing Address 1681 GULF TO BAY BLVD. CLEARWATER, FL 33755 |
|---|---|

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01032008 No Chg-P CR2E034 (11/05)

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|---|--------------------------------|
| 4. FEI Number 34-1975370 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

ARSENAULT, KENNETH G JR.
 10225 ULMERTON ROAD
 SUITE 2
 LARGO, FL 33771

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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: *Alan T. Schmidt* OWNER DATE: 1/07/08

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when revoking)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|-----------------|--------------------------|
| TITLE | D |
| NAME | SCHMIDT, ALAN |
| STREET ADDRESS | 1454 DEXTER DR. |
| CITY - ST - ZIP | CLEARWATER, FL 337562417 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| 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 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 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: *Alan T. Schmidt* ALAN T. SCHMIDT DATE: 2/11/08 727/447-3996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR