2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2008
Secretary of State

DOCUMENT# P03000149781

Entity Name: SHOP WITH MONA INC

Current Principal Place of Business:

1095 FAIRFIELD MEADOWS DRIVE
WESTON, FL 33327

New Principal Place of Business:

Current Mailing Address:

1095 FAIRFIELD MEADOWS DRIVE
WESTON, FL 33327

New Mailing Address:

FEI Number: 20-0476009 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LEVINE, MONA
1095 FAIRFIELD MEADOWS DRIVE
WESTON, FL 33327 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LEVINE, MONA
Address: 1095 FAIRFIELD MEADOWS DRIVE
City-St-Zip: WESTON, FL 33327

Title: VP ( ) Delete
Name: LEVINE, PERRY
Address: 1095 FAIRFIELD MEADOWS DRIVE
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MONA LEVINE P 05/04/2008

Electronic Signature of Signing Officer or Director — Date