
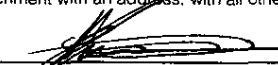


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 26, 2004 8:00 am**  
**Secretary of State**

07-26-2004 90013 039 \*\*\*150.00

|   |   |  |   |
|---|---|--|---|
| <b>DOCUMENT # P03000155138</b><br>1. Entity Name<br><b>SHINING MONKEY, INC.</b>   |   |   |   |
| Principal Place of Business<br><b>1 EAST BROWARD<br/>SUITE 700<br/>FORT LAUDERDALE, FL 33301 US</b>   |   | Mailing Address<br><b>1 EAST BROWARD<br/>SUITE 700<br/>FORT LAUDERDALE, FL 33301 US</b>  |   |
| 2. Principal Place of Business<br><b>543 SAWGRASS CORPORATE PARKWAY</b>   |   | 3. Mailing Address<br><b>543 SAWGRASS CORPORATE PARKWAY</b>  |   |
| Suite, Apt. #, etc.<br>   |   | Suite, Apt. #, etc.<br>  |   |
| City & State<br><b>SUNRISE, FL 33325</b>  |   | City & State<br><b>SUNRISE, FL</b>   |   |
| Zip<br><b>33325</b>   |   | Zip<br><b>33325</b>  |   |
| Country<br><b>BROWARD</b>   |   | Country<br><b>BROWARD</b>  |   |
| 4. FEI Number<br><b>51-0498599</b>  |   | Applied For<br><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<br><br><b>CORPORATION SERVICE COMPANY<br/>1201 HAYS STREET<br/>TALLAHASSEE, FL 32301</b>  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |   |
| 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |  |   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 8, 2004</b>   |   | 9. Election Campaign Financing<br>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.  |   |  |   |
| <b>10. OFFICERS AND DIRECTORS</b>   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b><br><b>JOHANSEN, JOHN</b><br><b>1 EAST BROWARD, SUITE 700</b><br><b>FORT LAUDERDALE, FL 33301</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b><br><b>JOHANSEN, JOHN</b><br><b>543 SAWGRASS CORPORATE PARKWAY</b><br><b>SUNRISE, FL 33325</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b><br><b>CHIN, NICHOLAS</b><br><b>1 EAST BROWARD, SUITE 700</b><br><b>FORT LAUDERDALE, FL 33301</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b><br><b>CHIN, NICHOLAS</b><br><b>543 SAWGRASS CORPORATE PARKWAY</b><br><b>SUNRISE, FL 33325</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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. |   |  |   |
| <b>SIGNATURE:</b>  <b>Nicholas Chin</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   | <b>July 7 2004</b> <b>954-358-2808</b><br><small>Date Daytime Phone #</small>  |   |

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