## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 30, 2006 08:00 AM **Secretary of State** DOCUMENT # P04000027907 SPOOKY EMPIRE, INC. Principal Place of Business Mailing Address P.O. BOX 460574 P.O. BOX 460574 FORT LAUDERDALE, FL 33346 FORT LAUDERDALE, FL 33346 US No Chg-P CR2E034 (11/05) 03272006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0721095 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MONGELLI, PETE DO NOT WRITE 4705 SW 62 AVENUE 2-204 IN THIS SPACE **DAVIE, FL 33314** 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 Signature, typed or printed name of registered agent and this it applicable. BYOTE, Registered Agent signature required when reinstaling) 8. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 $\Box$ Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS to. TITLE MONGELLI, PETE NAME STREET ADDRESS 4705 SW 62 AVENUE 2-204 **DAVIE, FL 33314** CITY-ST-ZIP TITLE SAFAI STREET ADDRESS U00000486473 04/13/86-80040-806 150.00 CITY-ST-DP MLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 3171.E NAME STREET ADDRESS CITY-ST-ZIP ME NAME STREET ADDRESS CITY-ST-ZIP 73 D.E. NAME STREET ADDRESS CATY-ST-78P 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplementative port 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 of the receiver or infusible 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 attagramment with an attemption of the corporation of the receiver of the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of the rec

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TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

**FILED** 

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