2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000065029

Title:

Title:

Name: Address:

City-St-Zip:

Name:

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MATTINGLY JR, WALTER T

DUBOIS, ANNA

%25793 SW 122 PL

NARANJA, FL 33032

15 BEACH DRIVE

KEY WEST, FL 33040

FILED May 13, 2009 Secretary of State

Entity Nar	ne: AB-TECH	BY MONROE, INC.		•		
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
25793 S W 122 PL NARANJA, FL 33032				2 PALM DRIVE KEY WEST, FL 33040		
Current Mailing Address:			New Maili	New Mailing Address:		
2 PALM DE KEY WES	RIVE T, FL 33040					
FEI Number: 59-1898213 FEI Number Applied For () FEI N			FEI Number Not App	licable () Certificate of Status Desired (X)		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
The above	RIVE T, FL 33040	US submits this statement for the	purpose of changing i	its registered office or registered agent, or both,		
SIGNATUR	RE:					
	Electror	iic Signature of Registered Ag	ent	Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () DUBOIS, MONI % 25793 S W 1 NARANJA, FL	122 PL	Title: Name: Address: City-St-Zip:	P (X) Change () Addition DUBOIS, ANNA 2 PALM DRIVE KEY WEST, FL 33040		
Title: Name: Address: City-St-Zip:	VP () DUBOIS, ANNA %25793 SW 12 NARANJA, FL	22 PL	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition DUBOIS, ANNA 2 PALM DRIVE KEY WEST, FL 33040		

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.

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

SIGNATURE: ANNA DUBOIS P 05/13/2009

(X) Change () Addition

() Change () Addition

DUBOIS, ANNA

2 PALM DRIVE

KEY WEST, FL 33040