


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000170507

1. Entity Name
ELECTRIC MONK ENTERPRISES, INC.



Principal Place of Business Mailing Address

10215 WATER HYACINTH DRIVE P.O. BOX 780793
ORLANDO, FL 32825 ORLANDO, FL 32878

DO NOT WRITE IN THIS SPACE



04232006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
51-0531852 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

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IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WILLIAMSON, JAMES A 10215 WATER HYACINTH DRIVE ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIAMSON, ELISSA C 7789 SAPPHIRE LANE ORLANDO, FL 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GERVASE, MARCIA L 10215 WATER HYACINTH DRIVE ORLANDO, FL 32825
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IN THIS SPACE**

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: James A. Williamson 4/22/06 407-415-0628
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #