
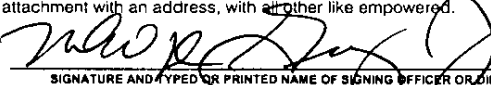


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 14, 2006 8:00 am
Secretary of State

09-14-2006 90001 049 ***150.00

DOCUMENT # P05000042651 1. Entity Name MONARCH OF ORLANDO, INC.																																																																																													
Principal Place of Business % THE HAYMOR GROUP, 105 WEST BEAVER CT. UNIT 9 & 10, RICHMOND HILL ONTARIO, CANADA L4B-LC6,				Mailing Address % THE HAYMOR GROUP, 105 WEST BEAVER CT. UNIT 9 & 10, RICHMOND HILL ONTARIO, CANADA L4B-LC6,																																																																																									
2. Principal Place of Business c/o Jaymor Group/105 Beaver Ct. Suite, Apt. #, etc. Unit 9 & 10		3. Mailing Address c/o Jaymor/105 Beaver Ct. Suite, Apt. #, etc. Unit 9 & 10																																																																																											
City & State Richmond Hill, Ontario		City & State Richmond Hill, Ontario																																																																																											
Zip L4B-LC6		Country Canada		4. FEI Number 09082006 Chg-P CR2E034 (11/05)																																																																																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent GRAY, N. DWAYNE JR % GREENSPOON MARDER HIRSCHFELD RAFKIN ROSS 201 EAST PINE STREET, SUITE 500 ORLANDO, FL 32801																																																																																											
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																											
FILE NOW!!! FEE IS \$150.00 Due by September 15, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																																																																																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">D /President <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LUCCHESI, FABRIZIO</td> </tr> <tr> <td>STREET ADDRESS</td> <td>105 W. BEAVER ST. UNITS 9&10, RICHMOND HILL</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ONTARIO, CANADA L4B-LC6,</td> </tr> <tr> <td>TITLE</td> <td>D /Vice President <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>REED, DAVID A</td> </tr> <tr> <td>STREET ADDRESS</td> <td>105 W. BEAVER ST. UNITS 9&10, RICHMOND HILL</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ONTARIO, CANADA L4B-LC6,</td> </tr> <tr> <td>TITLE</td> <td>D /Secretary-Treasurer <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MYERS, WILLIAM P</td> </tr> <tr> <td>STREET ADDRESS</td> <td>105 W. BEAVER ST. UNITS 9&10, RICHMOND HILL</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ONTARIO, CANADA L4B-LC6,</td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table> </div> </div>						TITLE	D /President <input type="checkbox"/> Delete	NAME	LUCCHESI, FABRIZIO	STREET ADDRESS	105 W. BEAVER ST. UNITS 9&10, RICHMOND HILL	CITY-ST-ZIP	ONTARIO, CANADA L4B-LC6,	TITLE	D /Vice President <input type="checkbox"/> Delete	NAME	REED, DAVID A	STREET ADDRESS	105 W. BEAVER ST. UNITS 9&10, RICHMOND HILL	CITY-ST-ZIP	ONTARIO, CANADA L4B-LC6,	TITLE	D /Secretary-Treasurer <input type="checkbox"/> Delete	NAME	MYERS, WILLIAM P	STREET ADDRESS	105 W. BEAVER ST. UNITS 9&10, RICHMOND HILL	CITY-ST-ZIP	ONTARIO, CANADA L4B-LC6,	TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
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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 another like empowered.																																																																																													
SIGNATURE:  9/12/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																													

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