2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 10, 2006
Secretary of State

DOCUMENT# P05000097914

Entity Name: MONKEY GEAR, INC.

Current Principal Place of Business:

2223 NORTH WESTSHORE BLVD.
SUITE 171B
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

2223 NORTH WESTSHORE BLVD.
SUITE 171B
TAMPA, FL 33607

New Mailing Address:

3731 18TH AVE NORTH
ST PETERSBURG, FL 33713

FEI Number: 20-3185248 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOFF, JACLYNN I
2223 NORTH WESTSHORE BLVD.
SUITE 171B
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

GOFF, JACLYNN I OWNER
2223 NORTH WESTSHORE BLVD.
SUITE 171B
TAMPA, FL 33607 US

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.

SIGNATURE: JACLYNN I GOFF 11/10/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GOFF, JACLYNN I
Address: 3731 18TH AVENUE NORTH
City-St-Zip: ST PETERSBURG, FL 33713

Title: VP ( ) Delete
Name: GOFF, MICHAEL D
Address: 3731 18TH AVENUE NORTH
City-St-Zip: ST PETERSBURG, FL 33713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GOFF, JACLYNN I OWNER
Address: 3731 18TH AVENUE NORTH
City-St-Zip: ST PETERSBURG, FL 33713

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: JACLYNN I GOFF PRES 11/10/2006
Electronic Signature of Signing Officer or Director Date