2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006
Secretary of State

DOCUMENT# P05000103993

Entity Name: MONICA SERVICES CORP

Current Principal Place of Business:

3522 W.D. JUDGE DR.
ORLANDO, FL 32808 US

New Principal Place of Business:

5322 KUMQUAT LOOP
WINDERMERE, FL 34786 US

Current Mailing Address:

3522 W.D. JUDGE DR.
ORLANDO, FL 32808 US

New Mailing Address:

5322 KUMQUAT LOOP
WINDERMERE, FL 34786 US

FEI Number: 20-3214765 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ACCOUNT BOOKKEEPING CORP
5950 LAKEHURST DR
246
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

LARSON, CAROLINE
8818 COMMODITY CIR
40
ORLANDO, FL 32819 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: CAROLINE LARSON 03/15/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PERRONI, MONICA
Address: 3522 W.D. JUDGE DR.
City-St-Zip: ORLANDO, FL 32808 US

Title: VP ( ) Delete
Name: SILVA, RAFAEL G
Address: 4728 WALDEN CIR #1318
City-St-Zip: ORLANDO, FL 32811

Title: DT ( ) Delete
Name: LEITE, AGENOR
Address: 4740 WALDEN CIR #1021
City-St-Zip: ORLANDO, FL 32811 US

Title: S ( ) Delete
Name: PEREIRA, GEBER S
Address: 4728 WANDEN CIR # 1318
City-St-Zip: ORLANDO, FL 32811 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PERRONI, MONICA
Address: 5322 KUMQUAT LOOP
City-St-Zip: WINDERMERE, FL 34786 US

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

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

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: CAROLINE LARSON P 03/15/2006
Electronic Signature of Signing Officer or Director Date