2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

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Entity Name: SPACE MONKEY SOLUTIONS, INC.

Current Principal Place of Business:

14286-19 BEACH BLVD., STE. 303
JACKSONVILLE, FL 32250

New Principal Place of Business:

10200 BELLE RIVE BLVD.
5006
JACKSONVILLE, FL 32256

Current Mailing Address:

14286-19 BEACH BLVD., STE. 303
JACKSONVILLE, FL 32250

New Mailing Address:

10200 BELLE RIVE BLVD.
5006
JACKSONVILLE, FL 32256

FEI Number: 68-0618072 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KEESLING, JASON
14286-19 BEACH BLVD., STE. 303
JACKSONVILLE, FL 32250 US

Name and Address of New Registered Agent:

WAGONER, NATHAN A
10200 BELLE RIVE BLVD.
JACKSONVILLE, FL 32256 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: NATHAN A WAGONER 04/30/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KEESLING, JASON
Address: 14286-19 BEACH BLVD., STE. 303
City-St-Zip: JACKSONVILLE, FL 32250

Title: D ( ) Delete
Name: BOLANTE, NES
Address: 14286-19 BEACH BLVD., STE. 303
City-St-Zip: JACKSONVILLE, FL 32250

Title: D (X) Delete
Name: WAGONER, NATHAN
Address: 14286-19 BEACH BLVD., STE. 303
City-St-Zip: JACKSONVILLE, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: BOLANTE, NES
Address: 10200 BELLE RIVE BLVD.
City-St-Zip: JACKSONVILLE, FL 32256

Title: D (X) Change ( ) Addition
Name: WAGONER, NATHAN A
Address: 10200 BELLE RIVE BLVD.
City-St-Zip: JACKSONVILLE, FL 32256

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

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.

SIGNATURE: NATHAN A WAGONER D 04/30/2007
Electronic Signature of Signing Officer or Director Date