

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000053044

Entity Name: MONUMENTAL CONCEPTS INC

FILED
Apr 26, 2007
Secretary of State

Current Principal Place of Business:

4482 ASCOT CIRCLE N
SARASOTA, FL 34235

New Principal Place of Business:

Current Mailing Address:

4482 ASCOT CIRCLE N
SARASOTA, FL 34235

New Mailing Address:

FEI Number: 01-0862234

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONNERS, KATHERINE T
4482 ASCOT CIRCLE N
SARASOTA, FL 34235 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CONNERS, KATHERINE T
Address: 4482 ASCOT CIRCLE N
City-St-Zip: SARASOTA, FL 34235

Title: VP () Delete
Name: KENNEDY, BRIAN
Address: 14020 N BLACK CANYON HWY #2093
City-St-Zip: PHEONIX, AZ 85053

Title: S () Delete
Name: CARSON, RONALD L
Address: 4482 ASCOT CIRCLE N
City-St-Zip: SARASOTA, FL 34235

Title: T () Delete
Name: CONNERS, KATHERINE T
Address: 4482 ASCOT CIRCLE N
City-St-Zip: SARASOTA, FL 34235

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: CARSON, RONALD L
Address: 4482 ASCOT CIRCLE N
City-St-Zip: SARASOTA, FL 34235

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: KATHERINE CONNERS

P

04/26/2007

Electronic Signature of Signing Officer or Director

_____ Date