

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

01-22-2007 90087 001 ***150.00

DOCUMENT # P06000127999 1. Entity Name MONKEY BARS - THE KIDS' GYM, INC.					
Principal Place of Business 848 SOUTHERN CREEK DR. JACKSONVILLE, FL 32259			Mailing Address 848 SOUTHERN CREEK DR. JACKSONVILLE, FL 32259		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent SCALDO, BERNARD M. 848 SOUTHERN CREEK DR. JACKSONVILLE, FL 32259				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____	
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 reappointing)</small>					
FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PS		<input type="checkbox"/> Delete		
NAME	SCALDO, BERNARD M.		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	848 SOUTHERN CREEK DR.				
CITY-ST-ZIP	JACKSONVILLE, FL 32259				
TITLE	VT		<input type="checkbox"/> Delete		
NAME	SCALDO, STACY A.		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	848 SOUTHERN CREEK DR.				
CITY-ST-ZIP	JACKSONVILLE, FL 32259				
TITLE			<input type="checkbox"/> Delete		
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			<input type="checkbox"/> Delete		
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			<input type="checkbox"/> Delete		
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS					
CITY-ST-ZIP					
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 all other like empowered.					
SIGNATURE: <i>Bernard M. Scaldo</i>		Date <i>(904) 287-4916</i> <small>Daytime Phone #</small>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					