

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000058844

FILED
Apr 20, 2009
Secretary of State

Entity Name: THE FROZEN MONKEY, INC.

Current Principal Place of Business:

1945 COUNTY ROAD 419
SUITE 11551
OVIEDO, FL 32766

New Principal Place of Business:

1945 COUNTY ROAD 419
SUITE 1151
OVIEDO, FL 32766

Current Mailing Address:

2235 BREAKS LANE
CHULUOTA, FL 32766

New Mailing Address:

1945 COUNTY ROAD 419
SUITE 1151
OVIEDO, FL 32766

FEI Number: 26-0189637

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAPLAN, JEFFREY L
950 S. WINTER PARK DRIVE
SUITE 350-B
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

KAPLAN, JEFFREY L
130 REMINGTON DRIVE
SUITE 1000
OVIEDO, FL 32765 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:

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCEO () Delete
Name: PECYLAK, KATHRYN M
Address: 2235 BREAKS LANE
City-St-Zip: CHULUOTA, FL 32766

Title: DP () Delete
Name: PECYLAK, STEPHEN J
Address: 2235 BREAKS LANE
City-St-Zip: CHULUOTA, FL 32766

Title: DVPT () Delete
Name: JOHNSON, MICHAEL H
Address: 3121 WESTMINSTER AVENUE
City-St-Zip: DALLAS, TX 75205

Title: DVPS () Delete
Name: LO, JESSIE W
Address: 3121 WESTMINSTER AVENUE
City-St-Zip: DALLAS, TX 75205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: KATHRYN M PECYLAK

DCEO

04/20/2009

Electronic Signature of Signing Officer or Director

Date