## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Secretary of State DOCUMENT # P07000135397 03-12-2008 90031 029 \*\*\*150.00 1. Entity Name BAREFOOT MONKEY, INC. 40043746 Principal Place of Business Mailing Address 275 ORANGE GROVE ROAD 275 ORANGE GROVE ROAD PALM BEACH, FL 33480 PALM BEACH, FL 33480 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03052008 Chg-P CR2E034 (12/06) 4. FEI Number Applied For City & State City & State 26-1767907 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FINCH, APRIL 275 ORANGE GROVE ROAD Street Address (P.O. Box Number is Not Acceptable) PALM BEACH, FL 33480 City Zip Code FL 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. Signature, typed or printed name of rogistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11 PΠ ☐ Delete TITLE ☐ Change Addition TITLE FINCH, APRIL NAME NAME STREET ADDRESS STREET ADDRESS 275 ORANGE GROVE ROAD CITY-ST-ZIP PALM BEACH, FL 33480 CITY-ST-7IP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ACDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ■ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS 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. ADDIT ETNICU

APRIL FINCH

561-543-1243

FILED

Mar 12, 2008 8:00 am