2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000074067

ROSS, VICTORIA

1023 CASUARINA ROAD #4

DELRAY BEACH, FL 33483 US

Name:

Address: City-St-Zip:

Entity Name: A BARREL O' MONKEYS, INC.

FILED Apr 16, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 460 NE 5TH AVENUE DELRAY BEACH, FL 33483 **Current Mailing Address: New Mailing Address:** 1023 CASUARINA ROAD UNIT 5 DELRAY BEACH, FL 33483 FEI Number: 26-3412519 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROSS WYBURN, HILARY 1023 CASUARINA ROAD UNIT 5 DELRAY BEACH, FL 33483 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition ROSS WYBURN, HILARY Name: Name: 1023 CASUARINA ROAD #5 Address: Address: City-St-Zip: DELRAY BEACH, FL 33483 US City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: ROSS, KATHRYN Name: 1023 CASUARINA ROAD #2 Address: Address: DELRAY BEACH, FL 33483 US City-St-Zip: City-St-Zip: Title: Title: S&T () Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: KATHRYN ROSS VP 04/16/2009