

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000096807

FILED
Mar 11, 2009
Secretary of State**Entity Name:** MONSTERSIGNZ, INC**Current Principal Place of Business:**4201 62ND AVE
UNIT 15
PINELLAS PARK, FL 33781 US**New Principal Place of Business:****Current Mailing Address:**4201 62ND AVE
UNIT 15
PINELLAS PARK, FL 33781 US**New Mailing Address:****FEI Number:** 26-3622651 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: DEBONO, DANIEL F
Address: 608 CATFISH CREEK RD
City-St-Zip: LAKE PLACID, FL 33852 US

Title: D (X) Delete
Name: DEBONO, DAVID
Address: 3240 N. 7TH AVE
City-St-Zip: ST. PETERSBURG, FL 33713 US

Title: D () Delete
Name: JONES, SHAWN
Address: 329 HALLMARK
City-St-Zip: LAKE PLACID, FL 33852 US

Title: D () Delete
Name: JONES, MARCEL
Address: 329 HALLMARK
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: JONES, BLAKE
Address: 329 HALLMARK
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP D (X) Change () Addition
Name: JONES, SHAWN
Address: 329 HALLMARK
City-St-Zip: LAKE PLACID, FL 33852 US

Title: P D (X) Change () Addition
Name: JONES, MARCEL
Address: 329 HALLMARK
City-St-Zip: LAKE PLACID, FL 33852

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: SHAWN JONES

VP D

03/11/2009

Electronic Signature of Signing Officer or Director

Date