


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P95000029874		
1. Entity Name MONARK MONOGRAMS OF THE PALM BEACHES, INC.		

Principal Place of Business 2863 NORTH LAKE BLVD. NORTH PALM BEACH FL 33403	Mailing Address 2863 NORTH LAKE BLVD. NORTH PALM BEACH FL 33403
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2. Principal Place of Business 3309 Northlake Blvd #107	3. Mailing Address 3309 Northlake Blvd
Suite, Apt. #, etc. 107	Suite, Apt. #, etc. 107

City & State PB Gardens FL	City & State PB Gardens FL
Zip 33403	Zip 33403
Country Palm Beach	Country Palm Beach

FILED

06 MAR -2 PM 1:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



1st MOORE CR2E034 (10/05)

4. FEI Number 65-0579465	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
DORE, LYNN 2863 NORTH LAKE BLVD. NORTH PALM BEACH FL 33403	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 3309 Northlake Blvd #107	
City PB Gardens	FL Zip Code 33403

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	DATE
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FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
PST DORE, LYNN M 2863 NORTH LAKE BLVD. NORTH PALM BEACH FL 33403	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PST Dore, Lynn 3309 Northlake Blvd. #107 PB Gardens, FL 33403	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
V-P Dore, Rodney 3309 Northlake Blvd, #107 PB Gardens, FL 33403	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 	Date: 2/16/06	Daytime Phone #: 561-848-4300
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