


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90839 039 ***150.00

DOCUMENT # P97000057706 1. Entity Name MONKEYCLUB, INC.					
Principal Place of Business POB 14111 NORTH PALM BEACH, FL 33408			Mailing Address POB 14111 NORTH PALM BEACH, FL 33408		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent MASH, MICHAEL A JR. 11336 BRIARWOOD PLACE NORTH PALM BEACH, FL 33408		7. Name and Address of New Registered Agent Name MASH, MICHAEL A. JR. Street Address (P.O. Box Number is Not Acceptable) 1801 MARINA ISLE WAY Apt. # 404 City JUPITER FL 33477			
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 MICHAEL A. MASH JR. PRESIDENT 4/26/07 <small>(Signature typed or printed name of registered agent and true if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS MASH, MICHAEL A JR. 11336 BRIARWOOD PLACE NORTH PALM BEACH, FL 33408		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS MASH, MICHAEL A JR. 1801 MARINA ISLE WAY #404 JUPITER, FL 33477	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 officers and directors.					
SIGNATURE: MICHAEL A. MASH JR. PRESIDENT 4/26/07 (561) 493-8406 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					