## 2006 FOR PROFI CORPORATION ANNUAL REPORT

## May 02, 2006 8:00 am Secretary of State DOCUMENT # P9900008 327 1. Entity Name 05-02-2006 90429 042 \*\*\*150.00 MONOLITH VII, INC. Principal Place of Business Mailing Address 7765 LAKE WORTH RD. 7765 LAKE WORTH RD. LAKE WORTH, FL 33462 LAKE WORTH, FL 33462 2. Principal Place of Business 3. Mailing Address 7100-39 Fairway Drive 7100-39 Fairway Drive Suite, Apt. #, etc. Suite 101 Suite, Apt. #, etc. 04292006 Chq-P CR2E034 (11/05) Suite 101 City & State City & State 4. FEI Number Applied For Palm Beach Gardens Palm Beach Gardens 65-0946237 Not Applicable Palm Beach Zip 33418 Zip 33418 Country \$8.75 Additional 5. Certificate of Status Desired Palm Beach Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent White, Randall E. RATFIELD, LOUIS W Street Address (P.O. Box Number is Not Acceptable) 7765 LAKE WORTH RD. #316 LAKE WORTH, FL 33462 7100-39 Fairway Drive, Suite 101 City Palm Beach Gardens 33418 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. 1 am familiar with, and accept the obligations of gistered agent Randall E. White, President 4-28-2006 SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 154\$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. X Addition Delete TITLE ☐ Change TITLE RATFIELD, LOUIS W White, Randall E. NAME NAME STREET ADDRESS 7765 LAKE WORTH RD. #316 STREET ADDRESS 7100-39 Fairway Drive, Suite 101 CITY-ST-ZIP LAKE WORTH, FL 33467 CITY-ST-ZIP Palm Beach Gardens, FL 33418 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Channe Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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

FILED

Randall E. White 4-28-2006 561-743-6945 Date Daytime Phone #