

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000101390



1. Entity Name
PENJING MONSOON, INC.

Principal Place of Business Mailing Address
774 BELPEST TERR **774 BELPEST TERR**
SEBASTIAN FL 32958 **APT 12**
US **SEBASTIAN FL 32958**
 US



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E034 (10/05)

4. FEI Number **65-0960936** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FISHER TAX SERVICE
ROBERT GOLDEN
3421 W OAKLAND PARK BLVD
LAUDERDALE LAKES FL 33311

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 Paul DATE

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. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE Delete
NAME **D MOREAU, PAUL L**
STREET ADDRESS **1845 JEFFERSON ST, APT 12**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE Delete
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CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Add
NAME
STREET ADDRESS **000000421344**
CITY-ST-ZIP **02/16/06-80032-016 150.00**

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STREET ADDRESS
CITY-ST-ZIP

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: Paul Monsoon

3 Feb. 06 772 589-746