


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # 535419

1. Entity Name
M.G. LARRK, INC.



Principal Place of Business C/O KRONGOLD & SINGER, P.L. 1441 BRICKELL AVE., SUITE 1430 MIAMI, FL 33131 US	Mailing Address C/O KRONGOLD & SINGER, P.L. 1441 BRICKELL AVE., SUITE 1430 MIAMI, FL 33131 US
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03312006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1748879	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KRONGOLD, M. RONALD
FOUR SEASONS OFFICE TOWER
1441 BRICKELL AVE., SUITE 1430
MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000507173
04/27/06-80053-017 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRONGOLD, M. RONALD 1441 BRICKELL AVE., SUITE 1430 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KRONGOLD, GLENDA 1441 BRICKELL AVE., SUITE 1430 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRONGOLD, RANDI M 1441 BRICKELL AVE., SUITE 1430 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 other like empowered.

SIGNATURE: _____ DATE: 3/31/06 DAYTIME PHONE #: (305) 416-4545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR