


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 08:00 A
Secretary of State

DOCUMENT # P04000163808

1. Entity Name
 DONK TRUCKING INC



Principal Place of Business Mailing Address

2419 HURON CIRCLE 2419 HURON CIRCLE
 KISSIMMEE, FL 34746 US KISSIMMEE, FL 34746 US

DO NOT WRITE IN THIS SPACE



03152007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 26-0101772 Not Applicable

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

6. Name and Address of Current Registered Agent

SATNARAIN, HEMCHAND
 2419 HURON CIRCLE
 KISSIMMEE, FL 34746

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P T
NAME	SATNARAIN, ROOPCHAND
STREET ADDRESS	2419 HURON CIRCLE
CITY-ST-ZIP	KISSIMMEE, FL 34746
TITLE	VP
NAME	SARNARAIN, SUMWATTEE
STREET ADDRESS	2419 HURON CIRCLE
CITY-ST-ZIP	KISSIMMEE, FL 34746
TITLE	S
NAME	SATNARAIN, KUMARCHAND
STREET ADDRESS	2419 HURON CIRCLE
CITY-ST-ZIP	KISSIMMEE, FL 34746
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 03/30/07-80030-013 150.00

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 empowerments.

SIGNATURE: *x Roopchand Satnarain* Date: *3-16-07* Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR