2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000002813

1. Entity Name

A K PROFESSIONAL RESOURCES, INC.



FILED Apr 14, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

12472 LAKE UNDERHILL RD, SUITE 145 ORLANDO, FL. 32828 12472 LAKE UNDERHILL RD, SUITE 145 ORLANDO, FL 32828



DO NOT WRITE IN THIS SPACE

04102008 No Chg-P CR2

CR2E034 (11/05)

4. FEI Number 59-3554088

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARONBERG, STANLEY M 12472 LAKE UNDERHILL RD, SUITE 145 ORLANDO, FL 32828

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when recistating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		~ +0.00 may 50	
10.	OFFICERS AND DIREC	CTORS	1		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARONBERG, STANLEY M 12472 LAKE UNDERHILL RD, SUITE ORLANDO, FL 32828				000000895640 04/24/08-80076-002 150.00
TITLE NAME STREET ADORESS CITY-ST-ZIP	D KRAVITZ, LEONARD R 12472 LAKE UNDERHILL RD STET 1- ORLANDO, FL 32828	45		·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			•	DO	NOT WRITE
DILE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME					

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 his 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:

STREET ADDRESS CHY-ST-ZIP

SIGNATURE AND TYPETI OR PRINTED N

L.K. KRAVITZ

4/10/08

407-855-1814

Daytime Phone #