
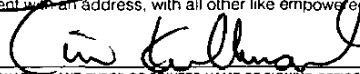


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90027 040 \*\*\*158.75

<b>DOCUMENT # 461415</b>			
1. Entity Name MVK, INC.			
Principal Place of Business 1160-D GRIMES BRIDGE RD. ROSWELL, GA 30075 US		Mailing Address 1160-D GRIMES BRIDGE RD. ROSWELL, GA 30075 US	
2. Principal Place of Business - No P.O. Box # <b>3708 SW 7TH AVE</b>		3. Mailing Address <b>P.O. Box 101130</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>CAPE CORAL, FL</b>		City & State <b>CAPE CORAL, FL</b>	
Zip <b>33914</b>		Zip <b>33910</b>	
Country		Country	
4. FEI Number 59-1551660		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  BOKOR, BRUCE H. ESQ. 911 CHESTNUT ST CLEARWATER, FL 33516		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD KUHLMAN, STEVE R 1160-D GRIMES BIDGE RD ROSWELL, GA 30075 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>P</b> KUHLMAN, TIM 801 S. OLIVE AVE #1211 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NUTTER, DALE 285 PARKWAY 575 #216 WOODSTOCK, GA 30188
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>TD</b> KUHLMAN, STEVE R. 285 PARKWAY, 575 #216 WOODSTOCK, GA 30188
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>4/26/07</b> Daytime Phone #: <b>239-945-0744</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	