


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90078 046 \*\*\*158.75

<b>DOCUMENT # 521698</b> 1. Entity Name <b>THE M.K.B. CORP.</b>					
Principal Place of Business <b>5160 LAKE OSBORNE DR P.O. BOX 4082, LANTANA, FL LAKE WORTH, FL 33461</b>			Mailing Address <b>5160 LAKE OSBORNE DR P.O. BOX 4082, LANTANA, FL LAKE WORTH, FL 33461</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>KAHANT, NORMAN</b> <b>5160 LAKE OSBORNE DR.</b> <b>LAKE WORTH, FL 33461</b>			Name <b>Dellene Kahant</b> Street Address (P.O. Box Number is Not Acceptable) <b>5160 Lake Osborne Dr.</b> City <b>Lake Worth</b> <b>FL</b> Zip Code <b>33461</b>		
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: <u>Dellene Kahant</u> <b>Dellene Kahant, Vice President/Secretary</b> <b>April 10, 2007</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	S MARCINKOSKI, LOIS 1065 RIDGE RD LANTANA, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/D MARCINKOSKI, LOIS 1065 Ridge Rd. Lantana, FL 33462
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KAHANT, DELLENE 5160 LAKE OSBORNE DR LAKE WORTH, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/S/D Kahant, Dellene 5160 Lake Osborne Dr. Lake Worth, FL 33461
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MARCINKOSKI, RAYMOND 1065 RIDGE ROAD LANTANA, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD KAHANT, NORMAN 5160 LAKE OSBORNE DR LAKE WORTH, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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: <u>Dellene Kahant</u> <b>Dellene Kahant</b>			<b>April 10, 2007</b> (561) 585 5877 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>		