


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # F01000004866 1. Entity Name C-K LAKE PARK REALTY CORP. ✓	
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Principal Place of Business C/O CLK MANAGEMENT CORP. 9 PARK PLACE GREAT NECK, NY 11021	Mailing Address C/O CLK MANAGEMENT CORP. 9 PARK PLACE GREAT NECK, NY 11021
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04182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2859493	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 NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 ✓ After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000920906 05/14/08-80064-001 650.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARNES, HOWARD ONE WEST RED OAK LANE WHITE PLAINS, NY 10604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD STAHL, SHELDON ONE WEST RED OAK LANE WHITE PLAINS, NY 10604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD STAHL, FRED ONE WEST RED OAK LANE WHITE PLAINS, NY 10604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KOENIGSBERG, CRAIG 9 PARK PLACE GREAT NECK, NY 11021
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: Craig Koenigsberg 4/18/08 516-466-9440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #