2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 05, 2007 08:00 A tate

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1. Entity Nam	MENT # J12460 alk, inc.					Secretary of St
Principal Place 16749-WHIR LUTZ, FL 33	ILEY RD	Mailing Address 16749-WHIRLEY RD LUTZ, FL 33558 US				
DO NOT WRITE IN THIS SPAC			CE	02282007	No Chg-P	CR2E034 (11/05)
				4. FEI Number 59-269	er	Applied For Not Applicable \$8.75 Additional Fee Required
	6. Name and Address of Current Ri ON, CLIFTON A DAVIS BOULEVARD L 33606	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 reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				5.00 May Be 03/14/07-80045-025 150.00		
10. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS DUNLAP, BONNIE LOU 16749-WHIRLEY RD LUTZ, FL 33558	RECTORS			NOT W	•
STREET ADORESS						

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: _

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

813-968-1168 Daysime Phone #