## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2007 08:00 AM
Secretary of State

DOCUMENT	# J45298	
1. Entity Name		
MKDD, INC.		



Principal Place of Business

14100 US HIGHWAY 19 NORTH CLEARWATER, FL 33764 US Mailing Address

14100 US HIGHWAY 19 NORTH CLEARWATER, FL 33764 US



## DO NOT WRITE IN THIS SPACE

02152007 No Chg-P		CR2E034 (11/05)				
4.	FEI Number			Applied For		
	59-2737	721		Not Applicable		

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KING, MATTHEW B 1050 STARKEY RD., #103 CLEARWATER, FL 33756

## DO NOT WRITE IN THIS SPACE

			'			
8. The above the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	ed office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accep	t
8:01:47:55	• • • •	••	,	<b>→</b> .		
SIGNATURE.	Signature, typed or printed name of registered agent and title of	f applicable, (NOTE, Registered	d Agent signature	required when reinstating)	DATE	
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FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	<ol> <li>Election Campaign Finan Trust Fund Contribution.</li> </ol>	cing 🗀	\$5.00 May 8e Added to Fees		
10.	OFFICERS AND DIREC	TORS	I		<u> </u>	_
TITLE	PSTD		İ			
NAME	KING, MATTHEW B					
STREET ADDRESS	1050 STARKEY RD., #103		İ			
CITY-ST-ZIP	CLEARWATER, FL 33756		•			
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12. Inereby c	erury that the information supplied with this fill	ing does not qualify for the exer	mptions con	tained in Chapter 119	Florida Statutes. I further certify that the information	- 1

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 truetee 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.

SI	G١	JΔ	TI	п	E.	

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25.07

721-576-5108

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Daytme Phone #