2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007
Secretary of State

DOCUMENT# K83012

Entity Name: FORK ENTERPRISES, INC.

Current Principal Place of Business:

4170 OAK CIRCLE
BOCA RATON, FL 33431 US

New Principal Place of Business:

Current Mailing Address:

23145 SW 56 AVE
BOCA RATON, FL 33433 US

New Mailing Address:

FEI Number: 65-0121119 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FORK, CAROL L.
23145 SW 56 AVE
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: FORK, CAROL L.,
Address: 23145 S.W. 56TH AVENUE
City-St-Zip: BOCA RATON, FL

Title: VP ( ) Delete
Name: FORK, STEVEN A.,
Address: 23145 S.W. 56TH AVENUE
City-St-Zip: BOCA RATON, FL

Title: VP ( ) Delete
Name: FORK, STEVEN A.,
Address: 1504 BAY RD, UNIT 1504 CENTER
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: FORK, CAROL L
Address: 23145 S.W. 56TH AVENUE
City-St-Zip: BOCA RATON, FL 33433 US

Title: VP (X) Change ( ) Addition
Name: FORK, STEVEN A
Address: 23145 S.W. 56TH AVENUE
City-St-Zip: BOCA RATON, FL 33433 US

Title: VP (X) Change ( ) Addition
Name: FORK, STEVEN
Address: 4170 OAK CIRCLE
City-St-Zip: BOCA RATON, FL 33431 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL L. FORK PRES 01/08/2007

Electronic Signature of Signing Officer or Director — Date