

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 10, 2006
Secretary of State**

DOCUMENT# N96000004801

Entity Name: ARK COMMUNICATIONS NETWORK, INC.

Current Principal Place of Business:

2100 TREYMORE DRIVE
ORLANDO, FL 32825

New Principal Place of Business:

Current Mailing Address:

2100 TREYMORE DRIVE
ORLANDO, FL 32825

New Mailing Address:

FEI Number: 59-3400485 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAPARRO, NOE
2100 TREYMORE DR
ORLANDO, FL 32825 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CHAPARRO, NOE
Address: 2100 TREYMORE
City-St-Zip: ORLANDO, FL 32825

Title: VD () Delete
Name: ORTIZ, EDWIN
Address: P.O. BOX 820814
City-St-Zip: SOUTH FLORIDA, FL 33082

Title: D () Delete
Name: EVELYN, CHAPARRO
Address: 2100 TREYMORE DR
City-St-Zip: ORLANDO, FL 32825

Title: D () Delete
Name: CANDELANIO, ROBERTO REV
Address: 4365 KENNEDY AVE
City-St-Zip: ORLANDO, FL 32812

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CANDELANIO, ROBERTO REV
Address: 4365 KENNEDY AVE
City-St-Zip: ORLANDO, FL 32812

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NOE CHAPARRO

P

01/10/2006

Electronic Signature of Signing Officer or Director

Date