

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000110384
 1. Entity Name
RHK MARKETING INC.



Principal Place of Business
**5255 N. FEDERAL HWY., 2ND FLOOR
 BOCA RATON, FL 33487**

Mailing Address
**5255 N. FEDERAL HWY., 2ND FLOOR
 BOCA RATON, FL 33487**

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03202006 No Chg-F CR2E034 (11/05)

4. FEI Number
65-1056808 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KORTH, KARA
 5255 N. FEDERAL HWY., 2ND FLOOR
 BOCA RATON, FL 33487**

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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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KORTH, KARA
STREET ADDRESS	2347 SW 85TH AVE
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	STD
NAME	PARK, GERALD E
STREET ADDRESS	2280 S OCEAN BLVD #604
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Kara M Park KARA M PARK 03/23/06 561.994.0880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #