


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2007 8:00 am
Secretary of State

06-06-2007 90003 040 ***150.00

| | | | | | |
|--|--|---|--|---|--|
| DOCUMENT # P01000038220 1. Entity Name HTK CORPORATION | | | |  | |
| Principal Place of Business 6303 BLUE LAGOON DRIVE 320 MIAMI, FL 33126 | | | Mailing Address 6303 BLUE LAGOON DRIVE 320 MIAMI, FL 33126 | | |
| 2. Principal Place of Business - No P.O. Box # 5201 BLUE LAGOON DR | | 3. Mailing Address 5201 BLUE LAGOON DR | | | |
| Suite, Apt. #, etc. 818 | | Suite, Apt. #, etc. 818 | | | |
| City & State MIAMI FL | | City & State MIAMI FL | | 4. FEI Number 65-1115254 | |
| Zip 33126 | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| | | | | Name Robert S Buddy | |
| | | | | Street Address (P.O. Box Number Not Acceptable) 1385 SW 14 AVENUE | |
| | | | | City BOCA RATON FL Zip Code 33486 | |
| 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 Robert S Buddy <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C MOFFAT, TERRY H 11221 CREST HILL RD MARSHALL, VA 201152713 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MARTINS, MARCIO 6303 BLUE LAGOON DRIVE, SUITE 320 MIAMI, FL 33126 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S MOFFAT, MARCIA R 11221 CREST HILL RD MARSHALL, VA 201152713 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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: [Signature] <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 5/20/07 (540)364-2700 <small>Date Daytime Phone #</small> | | |

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