

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 21, 2008 8:00 am
Secretary of State**

04-21-2008 90043 004 ***150.00

DOCUMENT # P01000111027		
1. Entity Name RK VENTURES INCORPORATED		

Principal Place of Business 4800 N FEDERAL HWY, STE 307B BOCA RATON, FL 33431	Mailing Address 4800 N FEDERAL HWY, STE 307B BOCA RATON, FL 33431
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2. Principal Place of Business - No P.O. Box # 350 CAMINO GARDENS Blvd.	3. Mailing Address 350 CAMINO GARDENS Blvd.
Suite, Apt. #, etc. STE 301	Suite, Apt. #, etc. STE 301
City & State BOCA RATON, FL	City & State BOCA RATON, FL
Zip 33432	Country US
Zip 33432	Country US

6. Name and Address of Current Registered Agent CAP SERVICE CORPORATION 4800 N FEDERAL HWY, STE 307B, 350 CAMINO GARDENS Blvd. BOCA RATON, FL 33431 STE - 301 33432	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL
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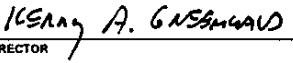
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TURNER, RONALD 4800 N FEDERAL HWY, STE 307B, 350 CAMINO GARDENS Blvd. BOCA RATON, FL 33431 33432	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT GREENWALD, KERRY A 4800 N FEDERAL HWY, STE 307B, 350 CAMINO GARDENS Blvd. BOCA RATON, FL 33431 33432	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Kerry A. GREENWALD** Date **3/21/08** Daytime Phone # **561-395-0200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR