

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-21-2008 90043 004 \*\*\*150.00

<b>DOCUMENT # P01000111027</b> 1. Entity Name <b>RK VENTURES INCORPORATED</b>			
Principal Place of Business <b>4800 N FEDERAL HWY, STE 307B BOCA RATON, FL 33431</b>		Mailing Address <b>4800 N FEDERAL HWY, STE 307B BOCA RATON, FL 33431</b>	
2. Principal Place of Business - No P.O. Box # <b>350 CAMINO GARDENS BLVD.</b>		3. Mailing Address <b>350 CAMINO GARDENS BLVD.</b>	
Suite, Apt. #, etc. <b>STE 301</b>		Suite, Apt. #, etc. <b>STE 301</b>	
City & State <b>BOCA RATON, FL.</b>		City & State <b>BOCA RATON, FL.</b>	
Zip <b>33432</b>		Zip <b>33432</b>	
Country <b>US</b>		Country <b>US</b>	
4. FEI Number <b>65-1154495</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CAP SERVICE CORPORATION 4800 N FEDERAL HWY, STE 307B BOCA RATON, FL 33431 33432</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PD</b>	NAME <b>TURNER, RONALD</b>	TITLE <b>PD</b>	NAME <b>TURNER, RONALD</b>
STREET ADDRESS <b>4800 N FEDERAL HWY, STE 307B</b>	CITY-ST-ZIP <b>BOCA RATON, FL 33431</b>	STREET ADDRESS <b>4800 N FEDERAL HWY, STE 307B</b>	CITY-ST-ZIP <b>BOCA RATON, FL 33431</b>
TITLE <b>VPT</b>	NAME <b>GREENWALD, KERRY A</b>	TITLE <b>VPT</b>	NAME <b>GREENWALD, KERRY A</b>
STREET ADDRESS <b>4800 N FEDERAL HWY, STE 307B</b>	CITY-ST-ZIP <b>BOCA RATON, FL 33431</b>	STREET ADDRESS <b>4800 N FEDERAL HWY, STE 307B</b>	CITY-ST-ZIP <b>BOCA RATON, FL 33431</b>
TITLE _____	NAME _____	TITLE _____	NAME _____
STREET ADDRESS _____	CITY-ST-ZIP _____	STREET ADDRESS _____	CITY-ST-ZIP _____
TITLE _____	NAME _____	TITLE _____	NAME _____
STREET ADDRESS _____	CITY-ST-ZIP _____	STREET ADDRESS _____	CITY-ST-ZIP _____
TITLE _____	NAME _____	TITLE _____	NAME _____
STREET ADDRESS _____	CITY-ST-ZIP _____	STREET ADDRESS _____	CITY-ST-ZIP _____
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		_____ <small>Date Daytime Phone #</small>	