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Secretary of State

08-01-2006 90001 048 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000061295

1. Entity Name
MRK OVERSEAS INVESTMENTS, INC.

66023313

Principal Place of Business	Mailing Address
5000 SE 183RD AVENUE ROAD OCKLAWAHA, FL 32179	5000 SE 183RD AVENUE ROAD OCKLAWAHA, FL 32179

DO NOT WRITE IN THIS SPACE

07102006 No Chg-P CR2E034 (11/05)

4. FEI Number
05-0523249
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

* James R. LaVigne
~~GOVONI, HARDING & ASSOCIATES, INC.~~ 7087 Grand
~~505 AVE A NW STE 102~~ National Dr. #108
~~WINTER HAVEN, FL 33881~~ Orlando, FL 32819
These are no longer any part of MRK Overseas Investments Inc

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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], Attorney at Law August 11, 2006
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
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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

TITLE	D
NAME	KENDRY, MARK
STREET ADDRESS	5000 SE 183RD AVENUE ROAD
CITY-ST-ZIP	OCKLAWAHA, FL 32179
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #