


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000088290 1. Entity Name ARK INTERNATIONAL, INC.	
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Principal Place of Business 112 WELLSTONE DR PALM COAST, FL 32164	Mailing Address 112 WELLSTONE DR PALM COAST, FL 32164
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DO NOT WRITE IN THIS SPACE



01152007 No Chg-P CR2E034 (11/05)

4. FEI Number 82-0563671	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ARARAT, BEATRICE 112 WELLSTONE DR PALM COAST, FL 32164

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IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARARAT, BEATRICE 112 WELLSTONE DR PALM COAST, FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARARAT, CHARLES 112 WELLSTONE DR PALM COAST, FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ARARAT, PAUL 112 WELLSTONE DR PALM COAST, FL 32164
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IN THIS SPACE**

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: Beatrice Ararat Beatrice Ararat, President 01/15/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #