2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 08, 2007 8:00 am Secretary of State DOCUMENT # P02000112991 1. Entity Name 03-08-2007 90019 031 ***150.00 TLK DEVELOPMENT, INC. Principal Place of Business Mailing Address 355 SW 2ND AVE. 355 SW 2ND AVE. DANIA BEACH FL 33004 DANIA BEACH FL 33004 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 82-0573862 ---Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KAY, TED L 355 SW 2ND AVE. Street Address (P.O. Box Number is Not Acceptable) DANIA BEACH FL 33004 City Zip Code 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 reinstalling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 HEE Delete THE Addition KAY, TED L SR. KAY, TED L. JP. 355 S.W. ZMPAVE. DANIA BEACH FL. 33004 NAME NAMI 355 SW 2ND AND AVE. STREET ADDRESS STREET ADDRESS DANIA BEACH FL 33004 CITY-ST-ZIP CITY-ST-ZIP VPSD W KAY, TED L. SR. 355 S.W ZM AVE DANIA BEACH FLA. 33004 □ Delete Addition KAY, TED L JR. MAME NAMi. 355 SW 2ND AVE. STREET ADDRESS STREET ADDRESS DANIA BEACH FL 33004 CITY-ST-ZIP CITY - ST - ZIP 🔀 Delete TITLE Change TITLE ☐ Addition NAME KAY, KATHY E NAME AU 355 SW 2ND AVE. STREET ADDRESS STREET ADDRESS DANIA BEACH FL 33004 CITY ST-71P CHY ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - S1 - 7IP CITY-ST-7IP ☐ Delete TITLE HILL ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7IP THE ☐ Delete THE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.

FILED