
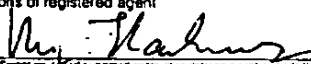



**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 23, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90221 003 \*\*\*163.75

DOCUMENT # P02000126274			
1. Entity Name <b>AK TROPICAL BLOSSOM HONEY, INC</b>			
<b>DO NOT WRITE IN THIS SPACE</b>			
2. Principal Place of Business <b>PO BOX 531</b>		3. Mailing Address <b>PO BOX 531</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>LAKE PLACID</b>		City & State <b>LAKE PLACID</b>	
Zip <b>33862</b>	Country	Zip <b>33862</b>	Country
4. FEI Number <b>61-1444592</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name <b>NIELANDER, WILLIAM J</b>			
Street Address (P.O. Box Number is Not Acceptable)			
<b>172 E. INTERLAKE BOULEVARD</b>			
City <b>LAKE PLACID, FL</b>		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 		DATE <b>04/10/06</b>	
January 1 - May 1, Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>KULINKOVICH, ALEXANDER</b> <del>PO BOX 634</del> <del>LAKE PLACID, FL 33862</del>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>AK TROPICAL Blossom Honey, Inc</b> <b>PO Box 531</b> <b>LAKE PLACID, FL 33862</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Kulinkovich, Alexander</b> <b>2753 Beech Blvd.</b> <b>Bunnell, FL 32110</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 907, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all other fee empowered.			
SIGNATURE: 		DATE <b>03/15/06</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

CR2E034B (12/02)