

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P03000014248</b>	
1. Entity Name MYAKKA WOODEN ART, INC.	

Principal Place of Business 31637 SINGLETARY RD MYAKKA CITY, FL 34251	Mailing Address 31637 SINGLETARY RD MYAKKA CITY, FL 34251
---	---

**DO NOT WRITE IN THIS SPACE**



04232007 No Chg-P CR2E034 (11/05)

4. FEI Number 33-1049206	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

CLARK, DAVID L  
31637 SINGLETARY RD  
MYAKKA CITY, FL 34251

**DO NOT WRITE  
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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, DAVID L 31637 SINGLETARY RD MYAKKA CITY, FL 34251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, JEAN L 31637 SINGLETARY RD MYAKKA CITY, FL 34251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000730966  
05/08/07-80101-004 150.00

**DO NOT WRITE  
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:** David L. Clark David L. Clark 4/23/07 941-845-1344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #