2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000122322

Entity Name: DARKHAWK CYCLES, INC.

STEVENS, EDWARD B JR

FORT LAUDERDALE, FL 33315 US

1705 SW 32ND PL

Name:

Address:

City-St-Zip:

FILED Jan 14, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 511 SW 19TH STREET FORT LAUDERDALE, FL 33315 **Current Mailing Address: New Mailing Address:** 511 SW 19TH STREET FORT LAUDERDALE, FL 33315 FEI Number: 36-4541857 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MANICK, ROSENBERG & CONTRERAS 255 ALHAMBRA CIRCLE 425 MIAMI, FL 33134 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PST () Delete Title: () Change () Addition STEVENS, MICHAEL E Name: Name: 511 SW 19TH STREET Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33315 City-St-Zip: Title: Title: SEC () Delete () Change () Addition Name: CAGNINA, CAROLYN M Name: 1705 SW 32ND PL Address: Address: FORT LAUDERDALE, FL 33315 US City-St-Zip: City-St-Zip: () Delete Title: Title: TRF () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL STEVENS PST 01/14/2008