## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000157243

ORLANDO, FL 32804 US

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City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

FILED Apr 29, 2004 Secretary of State

Entity Name: ARK FINANCIAL INTERNATIONAL, INC. **Current Principal Place of Business: New Principal Place of Business:** 23412 PACIFIC PARK DRIVE ALISO VIEJO, CA 92656 **Current Mailing Address: New Mailing Address:** 23412 PACIFIC PARK DRIVE ALISO VIEJO, CA 92656 US **FEI Number:** FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MORRISON & ROBINSON, P.A. 1221 LEE ROAD 206 ORLANDO, FL 32810 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: DCFO ( ) Delete Title: DCFO (X) Change ( ) Addition Name: RIVERA, THOMAS Name: HINN, WILLIAM D 23412 PACIFIC PARK DRIVE, SUITE 5J 23412 PACIFIC PARK DRIVE, SUITE 5J Address: Address: ALISO VIEJO, CA 92656 US City-St-Zip: ALISO VIEJO, CA 92656 US City-St-Zip: **DCFO** Title: DVS Title: () Delete (X) Change ( ) Addition MUSIL, MICHAEL L RIVERA, THOMAS Name: Name: 171 STREAMWOOD DRIVE 23412 PACIFIC PARK DRIVE, SUITE 5J Address: Address: ALISO VEIJO, CA 92656 US City-St-Zip: IRVINE, CA 92620 US City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition DS DCFO BROWN, MURRAY E MUSIL, MICHAEL L Name: Name: 644 WEST WINTER PARK STREET 171 STREAMWOOD DRIVE Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

IRVINE, CA 92620 US

BROWN, MURRAY E

644 W WINTER PARK ST

ORLANDO, FL 32804 US

( ) Change (X) Addition

SIGNATURE: MURRAY E BROWN D 04/29/2004