2008 FOR PROFIT CORPORATION

Apr 18, 2008 08:00 Al Secretary of State **ANNUAL REPORT DOCUMENT # P04000014094** 1. Entity Name RK MARKETING GROUP INC. Principal Place of Business Mailing Address 12137 LAKE FERN DRIVE 12137 LAKE FERN DRIVE JACKSONVILLE, FL 32258 JACKSONVILLE, FL 32258 US 03132008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0632321 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KARSTEDT, RICHARD DO NOT WRITE 12137 LAKE FERN DR. JACKSONVILLE, FL 32258 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, typed or printed name of registered agent and title if applicable. * (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing .: \$5.00 May Be Trust Fund Contribution. ; Added to Fees 05/01/08-80048-021 150.00 OFFICERS AND DIRECTORS 10. TITLE KARSTEDT, RICHARD NAME 12137 LAKE FERN DRIVE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32258 D TITLE NAME KARSTEDT, ROSLYN STREET ADDRESS 12137 LAKE FERN DRIVE JACKSONVILLE, FL 32258 CITY-ST-7P TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

Indicated on this report or supplied with rins thing 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 the corporation of 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 the corporation of the receiver or trustee empowered. 12. Thereby 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

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-08

904-887-5564

FILED