


FILED
Aug 20, 2007 8:00 am
Secretary of State

07-16-2007 90122 010 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

| | |
|---|---|
| DOCUMENT # P04000057862 1. Entity Name RON STARK STUDIOS, INC. |  |
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| Principal Place of Business 119 ATLANTIC BLVD. INDIAN HARBOR BEACH, FL 32937 | Mailing Address 119 ATLANTIC BLVD. INDIAN HARBOR BEACH, FL 32937 |
|--|--|



07062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 56-2465053 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

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| 6. Name and Address of Current Registered Agent STARK, RON 119 ATLANTIC BLVD. INDIAN HARBOR BEACH, FL 32937 |
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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 reconstituting) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
 Due by September 14, 2007**

| | |
|--|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|------------------------------------|

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D STARK, RON 119 ATLANTIC BLVD. INDIAN HARBOR BEACH, FL 32937 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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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, for all other the empowered.

SIGNATURE:  8/14/07 (321) 777-2574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

Ron Stark Studios INC.
119 Atlantic Blvd.
Indian Harbour Beach, Fl. 32937-2703

66021137

P04000057862

Department of State

Please omit the late file penalty, as I have no recollection of receiving the annual report.
The attached notice is the only information received.

Thank you,



Ron Stark President
Ron Stark Studios INC

7/9/07

Date