2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 18, 2007 08:00 AM **Secretary of State**

| DOCUMENT | ⁻ # P04000072948 |
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1. Entity Name MEDIATEK INTERNATIONAL CORP



Principal Place of Business

5377 ASHTON COURT SARASOTA, FL 34233 Mailing Address

5377 ASHTON COURT SARASOTA, FL 34233



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| 4, FEI Number | Applied For |
|---------------------------------|-------------------|
| 20-1087346 | Not Applicable |
| & Contificate of Status Decired | \$8.75 Additional |

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

BAKER, MICHAEL L 5702 CLARK ROAD SARASOTA, FL 34233

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No Chg-P

| The above named entity submits this statement for the purpose of chang the obligations of registered agent. | ging its registered office or registered agent, or bo | th, in the State of Florida. I am familiar with, and accept |
|---|--|---|
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. | (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 | PTD HUCK, ALLAN 5377 ASHTON COURT SARASOTA, FL 34233 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPSD JONES, LARRY 5377 ASHTON COURT SARASOTA, FL 34233 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filling 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 truetee employeed 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:

YPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR