2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000113480

1. Entity Name
NMK VENTURES, INC.

Principal Place of Business	Mailing Address
401 PORTSMOUTH SLIDELL, LA 70460	401 PORTSMOUTH SLIDELL, LA 70460

DO NOT WRITE IN THIS SPACE

03192007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-1450731	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COLLINS, FRANK T
4024 DIMSDALE RD.
JACKSONVILLE, FL 32257

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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_____

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	PD
NAME	BROWNING, MICHAEL B
STREET ADDRESS	401 PORTSMOUTH
CITY-ST-ZIP	SLIDELL, LA 70460
TITLE	VD
NAME	COLLINS, FRANK T
STREET ADDRESS	4024 DIMSDALE RD.
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/02/07-80002-004 150.00

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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, with all other like empowered.

SIGNATURE: _____Michael B Browning_____   3/19/07   JJJ · 9048365585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #