2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008
Secretary of State

DOCUMENT# P04000168265

Entity Name: C.K. INT'L MARKETING, INC.

Current Principal Place of Business:

950 WINTER PARK DR., SUITE 305
CASSELBERRY, FL 32707

New Principal Place of Business:

(FL)-STERNON PLAZA BLDG.
1073 WILLA SPRINGS DRIVE, SUITE #1017,
WINTERSPRINGS, FL 32708

Current Mailing Address:

950 WINTER PARK DR., SUITE 305
CASSELBERRY, FL 32707

New Mailing Address:

(FL)-STERNON PLAZA BLDG.
1073 WILLA SPRINGS DRIVE, SUITE #1017,
WINTERSPRINGS, FL 32708

FEI Number: 54-2163660 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SATGHARE, CHARUSHEELA K
950 WINTER PARK DR., SUITE 305
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

SATGHARE, CHARUSHEELA K
(FL) STERNON PLAZA BLDG
1073 WILLA SPRINGS DRIVE, SUITE #1017,
WINTERSPRINGS, FL 32708 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: _____ 03/12/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SATGHARE, CHARUSHEELA
Address: 950 WINTER PARK DR., SUITE 305
City-St-Zip: CASSELBERRY, FL 32707

Title: STD ( ) Delete
Name: SATGHARE, KISHORE M
Address: 950 WINTER PARK DR., SUITE 305
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SATGHARE, CHARUSHEELA
Address: (FL) STERNON PLAZA BLDG, 1073 WILLA SPRING
City-St-Zip: WINTERSPRINGS, FL 32708

Title: STD (X) Change ( ) Addition
Name: SATGHARE, KISHORE M
Address: (FL) STERNON PLAZA BLDG, 1073 WILLA SPRING
City-St-Zip: WINTERSPRINGS, FL 32708

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

SIGNATURE: SATGHARE KISHOR MR 03/12/2008
Electronic Signature of Signing Officer or Director — Date