## 2007 FOR PROFIT CORPORATION

## May 01, 2007 8:00 am Secretary of State ANNUAL REPORT 05-01-2007 90057 008 \*\*\*150.00 DOCUMENT # P05000059752 1. Entity Name ARK DEVELOPERS, INC. 40000 Principal Place of Business Mailing Address 701 W. CYPRESS CREEK ROAD 701 W. CYPRESS CREEK ROAD SUITE 302 SUITE 302 FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33309 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #. etc 01092007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 55-0895877 Not Applicable Zio Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SNIDER, DARREN ESQ, C/O KODSI LAW FIRM Street Address (P.O. Box Number is Not Acceptable) 701 W. CYPRESS CREEK ROAD **SUITE 302** FORT LAUDERDALE, FL 33309 Zip Code City FL 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. P/D TITLE Delete TITLE ☐ Change ☐ Addition TANNER, SEAN NAME NAME 701 W. CYPRESS CREEK ROAD, SUITE 302 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33309 CITY-ST-ZIP nne ☐ Delete ☐ Addition TITLE ☐ Channe STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ÇITY-ST-ZIP TITLE ☐ Delete THLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-7iP CITY-ST-ZIP TITLE ☐ Change ■ Addition ☐ Delete TITLE

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 yustee 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 attackment with an ademospheric might all other like empowered.

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

NAME

STREET AODRESS

CITY-ST-212

**FILED**