


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90021 035 \*\*\*150.00

**DOCUMENT # P05000117510**

1. Entity Name  
**ARK DESIGN, INC.**



Principal Place of Business  
**2290 NW BOCA RATON BLVD SUITE 1  
 BOCA RATON, FL 33431**

Mailing Address  
**2290 NW BOCA RATON BLVD SUITE 1  
 BOCA RATON, FL 33431**

2. Principal Place of Business - No P.O. Box #  
**9858 Clint Moore RD**

3. Mailing Address  
**9858 Clint Moore RD**

Suite, Apt. #, etc.  
**C111-283**

City & State  
**Boca Raton, FL 33496**

Zip Country  
**33496**

01222007 Chg-P CR2E034 (12/06)

4. FEI Number  
**05-0626589**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SVERDLOV, ROMAN  
 50 SW 3RD AVE #509F  
 BOCA RATON, FL 33432**

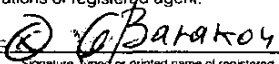
**7. Name and Address of New Registered Agent**

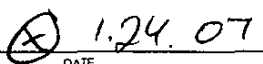
Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**9858 Clint Moore Rd.**

**C111-283**

City **Boca Raton** **FL** Zip Code **33496**

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 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SVERDLOV, ROMAN 50 SW 3RD AVE #509F BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS Sverdlov, Roman 9858 Clint Moore Road C-111-283 Boca Raton, FL 33496 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir Barakon, Gennady 9858 Clint Moore Rod C111-283 Boca Raton, FL 33496 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:   

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