## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000123042

Entity Name: BARK PRODUCTIONS, INC.

BOCA RATON, FL 33431

City-St-Zip:

FILED Apr 01, 2007 Secretary of State

Littly Na	IIIE. DARKE	RODUCTIONS, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	CEAN BLVD # TON, FL 334				
Current Mailing Address:			New Mailing Address:		
	CEAN BLVD # TON, FL 334				
FEI Number	: 56-2530978	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
TURNOFF, BYRON 40 NE 2 AVE DEERFIELD BEACH, FL 33441 US				TURNOFF, BYRON 5965 PINEBROOK DRIVE BOCA RATON, FL 33433 US	
	e named entity e of Florida.	$ au$ submits this statement for the $\mu$	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE: BYRON TURNOFF				04/01/2007	
	Electro	onic Signature of Registered Age	ent	Date	
Election Ca	mpaign Financi	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MEHR, RYNA	N BLVD #103	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V ( TURNOFF, AI 5965 PINEBR BOCA RATON	OOK DR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T ( TURNOFF, B' 5965 PINEBR BOCA RATON	OOK DR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	MEHR, KENN	) Delete ETH N BLVD #103	Title: Name: Address:	( ) Change ( ) Addition	

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

City-St-Zip:

SIGNATURE: BYRON TURNOFF TR 04/01/2007