## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: .

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 17, 2007 08:00 Al Secretary of State DOCUMENT # P93000071296 1. Entity Name AK FINANCIAL SERVICES, INC. Principal Place of Business Mailing Address 3000 W CYPRESS CREEK ROAD 3000 W CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33309 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Sulte, Apt. #, etc. 02162007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0537840 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPRUCE, WILLIAM D ESQ 3000 W CYPRESS CREEK ROAD Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE, FL 33309 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be $\Box$ After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition ACQUILANO, CATHERINE NAME NAME 755 VALENCIA DRIVE STREET ADORESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL CITY-ST-ZIP □ change U00000712597 Delete TITLE ☐ Addition SPRUCE, WILLIAM D. NAME NAME STREET ADDRESS 04/26/07-80053-021 150.00 3000 W CYPRESS CREEK ROAD STREET ADDRESS FT. LAUDERDALE, FL 33309 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change TITLE ☐ Addition NAME GARDNER, DEBORAH S NAME 3000 W CYPRESS CREEK ROAD STREET ADDRESS STREET ADDRESS FORT LAUDERDALE, FL 33309 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME JONES, MATTHEW T NAME STREET ADDRESS 3000 W CYPRESS CREEK ROAD STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33309 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition MORGAMAN, PHILIP E NAME NAME 3000 W CYPRESS CREEK ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33309 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-73P 12. I hereby certify that the information supplied with this filling 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 empawered 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. 1.11, em Spirce 3/20/07 954 4830565

FILED