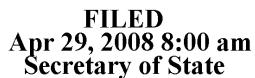
2008 FOR PROFIT CORPORATION

ANNUAL REPORT



OCUMENT # P94000043253 Entity Name ACK YUKON PRODUCTIONS, INC.			04-29-2008 90087 038 ***150.00			
Principal Place of Business OLD PORT COVE 1208 MARINE WAY, SUITE 703 NORTH PALM BEACH, FL 33408 Mailing Address OLD PORT COVE 1208 MARINE WAY, SUITE 70 NORTH PALM BEACH, FL 33408			 	1111		14 1 1 il 1141
2. Principal Place of Busingss - No P.O. Box # 3	Way					
Suite, Apt. #, etc.	Suite, Apt. #, etc.		02212008 Chg	-P CR2E0	34 (12/06)	
Noth Palm Beach, Th	With Palm S.	eal, Fl.	4. FEI Number 65-0500629) - 	plied For LApplicable
33408 COUNTYSA.	33408 CV	15A	5. Certificate of Status (\$8.75 Add Fee Required	
6. Name and Address of Current Reg	istered Agent	Name	7. Name and Address	of New Registered	Agent	
KRAMER, FREDERICK L 1200 MARINE WAY #602 NORTH PALM BEACH, FL 33408		Street Accress (P.O. Box Number is Not Acceptable)				
		City		FL	Zip Code	·
The above named entity submits this statement for the the obligations of registered agent.	purpose of changing its registe	ered office or register	red agent, or both, in the S		· 1	and accept
SIGNATURE Sprature, typed or printed harne of reposered agent and to	de if applicable, (NOTE: Registe	red Agmit agrasure required	i when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution		.00 May Be ed to Fees			
10. OFFICERS AND DIR		ş	ADDITIONS/CHANGES	TO OFFICERS AND	DIRECTORS	S IN 11
NAME KRAMER, FREDERICK E STREET ADDRESS 1208 MARINA WAY # 703 NORTH PALM BEACH, FL 33408	NA Sh	TLE WAE PRELT ADDRESS TY-ST-ZP	RAMER, F Nota Palm	REDERICA	Change Co 2	☐ Addition
THTLE NAME STREET ADDRESS CHY-ST-ZP	ST		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· ocen, e	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST	rle Me Ref1 adoress IY-st-zip		/ 247	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Si	ile Me Rlet adoress IY-st-Zip			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZP	ST	ile Me Reet Address IY-st-Zip			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	сп	ME REET ADORESS IY+ST-ZIP			Cnange	Addition
12. I hereby certify that the information supplied with this indicated on this report or supplemental report is true of the corporation or the receiver or trustee empower changed, or on an attachment with an address, with	e and accurate and that my sign ed to execute this report as requ	ature shall have the :	same legal effect as if mad 7. Florida Statutes; and tha	le under oath; that I a t my name appears it	em an officer n Block 10 or	or director Block 11 if
SIGNATURE:	ED NAME OF SIGNENG OFFICER OR DIREC	CYOR	4/2 Cate	4/02/5	6/-776 eyame Phone #	<u>-7/04</u>