2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 28, 2007 8:00 am Secretary of State DOCUMENT # P94000086074 1. Entity Name 03-28-2007 90020 026 ***150.00 MBTK, INC. Principal Place of Business 2295 NW CORPORATE BLVD 2295 NW CORPORATE BLVD **BOCA RATON FL 33431 BOCA RATON FL 33431** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3837 NW Boca Raton Blvd. #200 P. O. Box 880312 Suite, Apt. #, etc. 200 Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & Stato 4. FEI Number Applied For 65-0547711 Boca Raton, Florida Boca Raton, Florida Not Applicable Country.... \$8.75 Additional 5. Certificate of Status Desired B3488-0312 33431 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BALL, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 2295 NW CORPORATE BLVD STE 240 -3837 NW Boca Raton Boulevard #200 **BOCA RATON FL 33431** ^City Boca Raton, Florida 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 or registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPST HHE TITLE X Change Delete BALL, MIKE NAME NAME 2295 NW CORPORATE BLVD # 240 3837 NW Boca Raton Blvd #200 STREET ADDRESS STREET ADDRESS BOCA RATON FL 33431 Boca Raton, Florida 33431 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-7IP Delete THIE TIFLE ☐ Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF -CIFY-ST-ZIF ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Delete TITLE FITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete Addition BHETITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY - ST - ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. 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 trustoe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

Michael Ball

SIGNING OFFICER OR DIRECTOR

FILED

(561) 893-0204

Daytime Prione #

3/12/07