


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000029235 1. Entity Name MKA INTERNATIONAL, INC.	
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Principal Place of Business 8373 W SUNRISE BLVD PLANTATION, FL 33322	Mailing Address 8373 W SUNRISE BLVD PLANTATION, FL 33322
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DO NOT WRITE IN THIS SPACE



04062005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0569194	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DAUGHERTY, LISA 8693 NW 7TH LANE CORAL SPRINGS, FL 33071	DO NOT WRITE IN THIS SPACE
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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 reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
NAME ADDRESS CITY/STATE/ZIP	<input type="checkbox"/> DAUGHERTY, LISA 8693 NW 7TH LANE CORAL SPRINGS, FL 33071
NAME ADDRESS CITY/STATE/ZIP	<input type="checkbox"/> DAUGHERTY, KEVIN 8693 NW 7TH LANE CORAL SPRINGS, FL 33071
NAME ADDRESS CITY/STATE/ZIP	
NAME ADDRESS CITY/STATE/ZIP	
NAME ADDRESS CITY/STATE/ZIP	
NAME ADDRESS CITY/STATE/ZIP	

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04/14/05-80067-011 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Kevin Daugherty
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-05 954-424-1138
Date Daytime Phone #