


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**

|  |  |   |
|--|--|---|
| <b>DOCUMENT # P95000048073</b><br>1. Entity Name<br>MKV REALTY, INC.                     |  |  |
| Principal Place of Business<br>631 US HWY ONE<br>SUITE 406<br>NORTH PALM BEACH, FL 33408 | Mailing Address<br>631 US HWY ONE<br>SUITE 406<br>NORTH PALM BEACH, FL 33408 |   |



01182007 No Chg-P CR2E034 (11/05)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>65-0589317 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**DO NOT WRITE  
IN THIS SPACE**

MACKEY, WALTER J JR.  
631 US HWY ONE  
SUITE 406  
NORTH PALM BEACH, FL 33408

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 of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

000000706994  
04/24/07-80058-001-150.00

**10. OFFICERS AND DIRECTORS**

|                |                               |
|----------------|-------------------------------|
| TITLE          | T                             |
| NAME           | KRUMM, WALTER T               |
| STREET ADDRESS | 4951 GULF SHORE BLVD N, PH301 |
| CITY-ST-ZIP    | NAPLES, FL                    |
| TITLE          | DP                            |
| NAME           | MACKEY, WALTER                |
| STREET ADDRESS | 772 LAGOON DR                 |
| CITY-ST-ZIP    | N. PALM BEACH, FL             |
| TITLE          | ST                            |
| NAME           | WILLIAMS, EDWARD S            |
| STREET ADDRESS | 6080 TERRA ROSA CIRCLE        |
| CITY-ST-ZIP    | BOYNTON BEACH, FL             |
| TITLE          |                               |
| NAME           |                               |
| STREET ADDRESS |                               |
| CITY-ST-ZIP    |                               |
| TITLE          |                               |
| NAME           |                               |
| STREET ADDRESS |                               |
| CITY-ST-ZIP    |                               |

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Edward S Williams* 4/4/07 561-548-5760  
EDWARD S WILLIAMS