

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000049130

Entity Name: DR K'S FINEST, INC.

FILED
Apr 10, 2007
Secretary of State

Current Principal Place of Business:

1350 SHEELER RD.
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2441
WINDERMERE, FL 34786

New Mailing Address:

FEI Number: 59-3456482

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOOD, PETER G
1350 SHEELER RD.
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: KLINKA, DONNA R
Address: 1350 SHEELER ROAD
City-St-Zip: APOPKA, FL 32703

Title: DST () Delete
Name: KLINKA, KRISTIN R
Address: 1350 SHEELER ROAD
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: KLINKA, DONNA B
Address: 1350 SHEELER ROAD
City-St-Zip: APOPKA, FL 32703

Title: DST (X) Change () Addition
Name: KLINKA, JONATHAN R
Address: 1350 SHEELER ROAD
City-St-Zip: APOPKA, FL 32703

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA BROWN KLINKA

P/D

04/10/2007

Electronic Signature of Signing Officer or Director

_____ Date