2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

May 01, 2007 8:00 am Secretary of State DOCUMENT # P97000097359 05-01-2007 90027 022 ***150.00 1. Entity Name BONKO, INC. Principal Place of Business Mailing Address 1683 BEARDALL AVE **1683 BEARDALL AVE** SUITE 117 **SUITE 117** SANFORD, FL 32771 SANFORD, FL 32771 US 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 04272007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 06-1042666 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROBERT TOMKO WILLS, YVONNIA JANE Street Address (P.O. Box Number is Not Acceptable) 2571 S. SPRING GARDEN AVE 2571 S SPRING GARDEN RD **DELAND, FL. 32720** DELAND 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. 4/27/07 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Change ☐ Addition XXX Delete NAME WILLS, YVONNIA JANE NAME 2571 S SPRING GARDEN RD STREET ACCRESS STREET ADDRESS CITY-ST-ZIP DELAND, FL 32720 CITY-ST-ZP ☐ Delete TITLE XXXChange Addition TITLE P,V TOMKO, ROBERT RICHARD NAME ROBERT TOMKO STREET ADDRESS 2571 S SPRING GARDEN RD STREET ADDRESS 2571 S. SPRING GARDEN AVE DELAND, FL 32720 CITY_ST_7/P CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ANDRESS CITY-ST- AP CITY-ST-7/P Defete ☐ Change ☐ Addition TOTALE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS C31Y-S1-7IP CITY-ST-ZIP Change Oelete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS (1TY-ST-71P CITY-ST-ZIP 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.

4/27/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407) 328-7531

Daytime Phone #

FILED