

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

|                                                  |                                                                                   |
|--------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P99000015282</b>                   |  |
| 1. Entity Name<br><b>MVK HOLDING CORPORATION</b> |                                                                                   |

|                                                                                    |                                                                           |
|------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Principal Place of Business<br><b>1414 BLUEBIRD COVE<br/>PT ST LUCIE, FL 34986</b> | Mailing Address<br><b>1414 BLUEBIRD COVE<br/>PT ST LUCIE, FL 34986 US</b> |
|------------------------------------------------------------------------------------|---------------------------------------------------------------------------|



02162006 No Chg-P CR2E034 (11/05)

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|-------------------------------------------------------------------------------------------------|-------------------------------|
| 4. FEI Number<br><b>65-0896940</b>                                                              | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |                               |

|                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>MATAMOROS, SILVANO<br/>1414 BLUE BIRD COVER<br/>PORT SAINT LUCIE, FL 34988</b> |
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and also if applicable. (NOTE: Registered Agent signature required when verifying) DATE

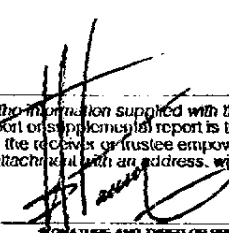
|                                                                               |                                                                                                                        |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                        |
|------------------------------------------------|----------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>MATAMOROS, SILVANO<br/>1414 BLUE BIRD COVE<br/>PORT SAINT LUCIE, FL 34988</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>MATAMOROS, CAROL<br/>1414 BLUE BIRD COVE<br/>PORT SAINT LUCIE, FL 34988</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                        |

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03/09/06-B0060-024 150.00

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.

|                                                                                                       |                     |
|-------------------------------------------------------------------------------------------------------|---------------------|
| <b>SIGNATURE:</b>  | <b>2-16-06</b>      |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                     | <small>Date</small> |