


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # S51352 1. Entry Name INTERNATIONAL DOCK PRODUCTS, INC.	
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Principal Place of Business 3101 SW 25TH STREET BAY 106 PEMBROKE PARK, FL 33009	Mailing Address 3101 SW 25TH STREET BAY 106 PEMBROKE PARK, FL 33009
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DO NOT WRITE IN THIS SPACE



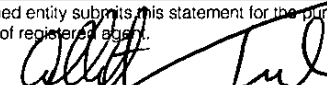
01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0264402	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TURK, ELLIOTT 3101 SW 25TH STREET BAY 100 PEMBROKE PARK, FL 33009

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IN THIS SPACE**

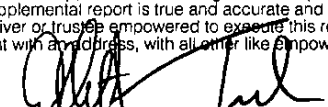
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TURK, ELLIOTT 3101 SW 25TH ST., BAY 106 PEMBROKE PARK, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TURK, RITA 3101 SW 25TH ST., BAY 106 PEMBROKE PARK, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/19/07-80042-003 150.00

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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 1/10/07	Daytime Phone # 954-964-5315
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