2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 05, 2006 8:00 am Secretary of State DOCUMENT # V67145 05-05-2006 90194 011 ***150.00 1. Entity Name M.L.K. ENTERPRISES, INC. Principal Place of Business Mailing Address U.S. PAK-N-SHIP 3781M SO NOVA ROAD PORT ORANGE FL 32119 U.S. PAK-N-SHIP 3781M SO NOVA ROAD PORT ORANGE FL 32119 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3141889 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RONAld F. FRANKOUICH FRANKOVICH, BABBARA L Street Address (P.D.Six RAK-B-Shill ptable) U.S. PAK-N-SHIP 3781M SO NOVA ROAD 3781M So. Nova Road PORT ORANGE FL 32129 Port Orange, FL 32129 City Zip Code 386 761-3040 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 4-27-06 FILE NOW!!! FEE IS \$150.00. 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Change ☐ Addition Delete NAME FRANKOVICH, BARBARA L NAME STREET ADDRESS STREET ADDRESS U.S. PAK-N-SHIP, 3781M S NOVA ROAD CITY-ST-ZIP PORT ORANGE FL 32129 CITY-ST-ZIP YK P ☐ Delete Change Addition FRANKOVICH, RONALD F NAME NAME STREET ADDRESS U.S. PAK-N-SHIP, 3781M S. NOVA ROAD STREET ADDRESS CITY-ST-ZIP PORT ORANGE FL 32129 CITY-ST-7IP ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P TITLE ☐ Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS City-ST-7IP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

RONALD F FRANKOUIC 4/27/06 761-3040
FICER OR DIRECTOR

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