


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # P93000073734

1. Entity Name
 MHK VENTURES, INC.



Principal Place of Business
 631 US HWY 1, STE 406
 NORTH PALM BEACH, FL 33408

Mailing Address
 631 US HWY 1, STE 406
 NORTH PALM BEACH, FL 33408 US

DO NOT WRITE IN THIS SPACE



03142007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0477953	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MACKEY, WALTER J JR
 631 US HWY 1, STE 406
 NORTH PALM BEACH, FL 33408

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

00000707021
 04/24/07-90058-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MACKEY, WALTER J JR
STREET ADDRESS	772 LAGOON DR
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	DC
NAME	KRUMM, WALTER T
STREET ADDRESS	4951 GULFSHORE BLVD NORTH, #PH-301
CITY-ST-ZIP	NAPLES, FL
TITLE	ST
NAME	WILLIAMS, EDWARD S.
STREET ADDRESS	6080 TERRA ROSA CIR.
CITY-ST-ZIP	BOYNTON BCH., FL 33437
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Edward S Williams* Secretary/Treasurer 4/4/07
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *5/6/07* Daytime Phone #: *561-848-8260*
 Date: _____ Daytime Phone #: _____