


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 01, 2008 08:00 AM**  
**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**



03142008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0477953	Applied For 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

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

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

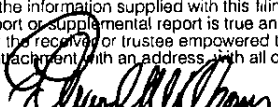
U00000876809  
 04/11/08-80087-012 150.00

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE 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:**  **EDWARD S. WILLIAMS, S/T** **3/21/08** **561-848-8760**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #