


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2005 8:00 am
Secretary of State

05-19-2005 90044 038 ***150.00

DOCUMENT # P03000079197 1. Entity Name IKNO, INC.					
Principal Place of Business 12784 TULIPWOOD CIRCLE BOCA RATON, FL 33428			Mailing Address 12784 TULIPWOOD CIRCLE BOCA RATON, FL 33428		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 55-0845649	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HERTZ, ALLEN D 12784 TULIPWOOD CIRCLE BOCA RATON, FL 33428				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 <u><i>Allen Hertz</i></u> DATE <u>5-16-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PDS NAME: HERTZ, ALLEN D CEO STREET ADDRESS: 12784 TULIPWOOD CIRCLE CITY-ST-ZIP: BOCA RATON, FL 33428				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input checked="" type="checkbox"/> Delete NAME: ZACHER, ANTHONY C STREET ADDRESS: 81 HAWTHORNE VILLAGE ROAD CITY-ST-ZIP: NASHUA, NH 03862				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>A. Hertz</i></u> DATE: <u>5-16-05</u> DAYTIME PHONE #: <u>561 716-3915</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					