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2006 OCT -9 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000022476
1. Entity Name
KNONYA CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 409 S. Old Dixie HWY	3. Mailing Address PO BOX 1117
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State LADY LAKE, FL	City & State LADY LAKE, FL.
Zip 32159	Country
Zip 32158-1117	Country

4. FEI Number 59-3382966	Applied For
	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

40102140

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7. Name and Address of Current Registered Agent	
Name D. ROBERTS	
Street Address (P.O. Box Number is Not Acceptable) 409 S OLD DIXIE HWY	
City LADY LAKE	State FL
	Zip Code 32159

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

<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25</p> <p>Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS		11.	
TITLE	DP	TITLE	
NAME	D. ROBERTS	NAME	
STREET ADDRESS	409 S OLD DIXIE HWY	STREET ADDRESS	
CITY-ST-ZIP	LADY LAKE, FL. 32159	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Steve Trubee* VP **8/23/06** (352) 753-8600 ^{CPA}

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

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KNONYA CORPORATION



P.O. Box 1117 ♦ Lady Lake, FL 32158-1117

September 21, 2006

FLORIDA DEPARTMENT OF STATE
P.O. Box 6327
Tallahassee, FL 32314-6327

RE: 2006 UBR FOR Knonya Corporation DOC # P96000022476

CERTIFIED MAILING #7005 1820 0005 1501 4001

Dear Sirs,

I never received prior notice of renewal and didn't know I was late filed until I received your notice of Dissolution/Revocation.

I would have paid earlier if given sufficient notice. I would appreciate it if you would abate the penalty and accept the \$150.00 payment I sent with the UBR as payment in full and not dissolve Knonya Corporation.

If you have any questions regarding this matter, please contact me at the address above.

Sincerely,

A handwritten signature in black ink that reads "D. Roberts". The signature is written in a cursive, slightly slanted style.

D. Roberts, President, Director and Registered Agent