


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 10, 2004 8:00 am**  
**Secretary of State**

06-10-2004 90001 040 \*\*\*\*61.25

<b>DOCUMENT # F01000003997</b>	
1. Entity Name <b>GOOD KNIGHT CHILD EMPOWERMENT NETWORK INC.</b>	

Principal Place of Business <b>4605 SELLMAN ROAD BELTSVILLE, MD 20705</b>	Mailing Address <b>BOX 901 BELTSVILLE, MD 20705</b>
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**54057007**



2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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05082004 Chg-NP CR2E037 (10/03)

City & State	City & State	4. FEI Number <b>52-1443773</b>	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>CARSON, KEITH 3695-B SAVOY LANE WEST PALM BEACH, FL 33417</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> Zip Code

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>Filing Fee is \$61.25 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ZUMWALT, JAMES G 1831 WIEHLE AVENUE #103 RESTON, VA 20190</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V COOPER, JACQUELINE 4605 SELLMAN ROAD BELTSVILLE, MD 20705</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S CLARKE, DIANE 2811 NOMAD CT EAST BOWIE, MD 20716</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T SEVILLA, JUNE 403 CALVERT BLVD POB 354 SOLOMONS, MD 20688</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C CASIO, MARIA BOX 901 (N/A) BELTSVILLE, MD 20705</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC MASTBROOK, NANCY 3602 PEAR TREE CT #22 SILVER SPRING, MD 20906</b> <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Leonard Malinowski 13611 SILVER THOMAS WAY # 23 SILVER SPRING, MD 20904</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2nd Secretary Leah Robinson 2011 Woodleeve Rd Hyattsville MD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer Dawn Gates 108 Baltimore Ave Stevensville, MD 21666</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Gwen Gregory 4607 Sellman Rd Beltsville MD 20704</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Robert Urbansky 1609 Woodview Ct Crofton MD 21114</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 617, 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.

<b>SIGNATURE:</b> 	<b>MARIA CASIO</b>	<b>5-31-04</b>	<b>301 595 8989</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>