2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000793

Entity Name: KNOWLEDGE KEY ASSOCIATES, INC.

FILED Jan 14, 2008 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
SUITE 3C	SH ROAD .PHIA, PA 1911	5				
Current Mailing Address:			New Maili	New Mailing Address:		
SUITE 3C	SH ROAD PHIA, PA 1911	5				
El Number:	: 22-3632086	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of	New Registered Agent:	
1200 SOU	PORATION SYS TH PINE ISLAN ON, FL 33324					
	named entity s e of Florida.	ubmits this statement for the	e purpose of changing i	ts registered o	office or registered agent, or both,	
SIGNATUR	RE:					
	Electroni	c Signature of Registered A	gent		Date	
lection Car					Date	
lection Car	npaign Financing	Trust Fund Contribution ().			Date	
	npaign Financing S AND DIRECT	, ,	ADDITION	IS/CHANGES	TO OFFICERS AND DIRECTOR	
	S AND DIRECT	TORS: Delete //ARD DAD, SUITE 3C	ADDITION Title: Name: Address: City-St-Zip:	C (X ABELSON, JO 2137 WELSH	S TO OFFICERS AND DIRECTOR () Change () Addition	
OFFICERS Title: Name: Address:	DP () DENZLER, EDW. 2137 WELSH ROPHILADELPHIA,	Delete /ARD OAD, SUITE 3C PA 19115 US Delete STOPHER OAD, SUITE 3C	Title: Name: Address:	C (X ABELSON, JO 2137 WELSH PHILADELPHI	TO OFFICERS AND DIRECTOR () Change () Addition SEPH ROAD, SUITE 3C	
DFFICERS Title: Name: Address: Dity-St-Zip: Title: Name: Address:	DP () DENZLER, EDW. 2137 WELSH RO PHILADELPHIA, P () PORTER, CHRIS 2137 WELSH RO PHILADELPHIA,	Delete /ARD OAD, SUITE 3C PA 19115 US Delete STOPHER OAD, SUITE 3C PA 19115 US Delete A 19115 US	Title: Name: Address: City-St-Zip: Title: Name: Address:	C (X ABELSON, JO 2137 WELSH PHILADELPHI	TO OFFICERS AND DIRECTOR () Change () Addition SEPH ROAD, SUITE 3C A, PA 19115 US	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK A. UHLMAN S 01/14/2008