2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATUREAND TYPES ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 06, 2007 8:00 am Secretary of State **DOCUMENT # F05000003352** 08-06-2007 90033 001 ***550.00 TEKNOWLEDGE INC. Principal Place of Business Mailing Address **564 WEDGE LANE** 3518 DOUGLAS RD FERNLEY, NV 89408 FERNANDINA BEACH, FL 32034 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 95222 Suite, Apt. #, etc. Suite, Apt, #, etc. 05022007 Chg-P CR2E034 (12/06) -City & State City & State, 4. FEI Number Applied For 46-0463729 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DRAYTON, PAUL Street Address (P.O. Box Number is Not Acceptable) 3518 DOUGLAS RD FERNANDINA BEACH, FL. 32034 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) \$5.00 May Be FILE NOWIII FEE IS 6550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Due by September 14, 2007 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. CPST CPST TITLE ☐ Delete TITI E Change ☐ Addition DRAYTON, PAUL NAME NAME Drayton, ta 3518 DOUGLAS ROAD STREET ADDRESS STREET ADDRESS 952ð2 CITY-ST-ZIP FERNANDINA BEACH, FL 32034 CITY-ST-ZIP Ferm TITLE 200 ☐ Delete TITLE (X) Addition NAME NAME STREET ADDRESS STREET ADDRESS 465 39 Z 32234 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Floride 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

FILED