## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED Apr 07, 2008 08:00 A Secretary of State DOCUMENT # F06000004363 1. Entity Name NETNOWLEDGE, INC. Principal Place of Business Mailing Address 1388 RIVERSIDE DRIVE 1388 RIVERSIDE DRIVE LAKEWOOD, OH 44107 LAKEWOOD, OH 44107 03082008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 31-1528935 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK, INC. DO NOT WRITE 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 IN THIS SPACE 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 Fiorida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. **CCEO** TITLE FISCHER, MICHAEL J STREET ADDRESS 1388 RIVERSIDE DRIVE CITY-ST-ZIP LAKEWOOD, OH 44107 \* \$10000984568 : d PTD TITLE MESENBURG, STEVEN 04717708-80049+005 NAME STREET ADDRESS 1388 RIVERSIDE DRIVE CITY-ST-ZIP LAKEWOOD, OH 44107 TITLE NAME DISANTO, FREDERICK D STREET ADDRESS 1388 RIVERSIDE DRIVE DO NOT WRITE CITY-ST-ZIP LAKEWOOD, OH 44107 IN THIS SPACE. NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 impowered 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.

STENE C. MESELBURG

Daytime Phone #

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE:**