2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # J05669 1. Entity Name KNATSON ENTERPRISES, INC. Principal Place of Business 1287 FIRST STREET SARASOTA, FL 34236 DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent

FILED Mar 15, 2007 08:00 AM Secretary of State

941 366 8111



i' "	eff of the second of the secon			1 1000 FIJU 0111	Merin Militin mellin dirila timil		
·	NA NAT WAITE II	CE	02212007 No Chg-P CR2E034 (11/05)				
DO NOT WRITE IN THIS SPA				4. FEI Number 59-2663			Applied For Not Applicable
					f Status Desired		75 Additional Required
	6. Name and Address of Current Regis	tered Agent					
LPS CORPORATE SERVICES, INC. 46 NORTH WASHINGTON BOULEVARD SUITE 1 SARASOTA, FL 34236			e i de la composición dela composición de la composición dela composición de la composición de la composición de la comp	DO	NOT W	1	
	named entity submits this statement for the ptions of registered agent.	ourpose of changing its registere	d office or register	ed agent, or both	, in the State of Flor	rida. I am famili	ar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and little	Il applicable (NOTE: Registere	d Agent signature required	(when reinstating)		DATE	
	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.		.00 May Be ed to Fees			
10.	OFFICERS AND DIREC	CTORS		······································			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT KNAGGS, JEAN-PIERRE 1287 FIRST STREET SARASOTA, FL		and her and an analysis of the second	•	the a group with		edge op i de Switze Vigen og de Switze
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS KNAGGS, SHARON A 1287 FIRST STREET SARASOTA, FL 34236		e (Constant)	King Canag		90066703 97-80012	3 -009 150.0
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,	. DO	NOT W	RITE	· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS				T IN	'HIS SP	ACE	•
CITY-ST-ZIP			33.54 50 8	,			
NAME STREET ADDRESS CITY-ST-ZIP				, , , , ,	1 200	,d	
TITLE NAME			35 di	er garter	t i i i i i i i i i i i i i i i i i i i	**************************************	, ;
STREET ADDRESS CITY-ST-ZIP				. In C			
of the cor	certify that the information supplied with this fi on this report or supplemental report is true a poration or the receiver or trustee empowere , or on an attachys th t with an address, with all	I to execute this report as requir	emptions contained ure shall have the t red by Chapter 607	l in Chapter 119, same legal effect , Florida Statutes	Florida Statutes, I f as if made under or and that my name	further certify the ath; that I am an appears in Bloo	at the information officer or director ok 10 or Block 11 if