

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L77550

FILED
Apr 07, 2008
Secretary of State

Entity Name: BLACK KNIGHT ENTERPRISE, INC.

Current Principal Place of Business:

315 12TH AVE.
INDIAN ROCKS BEACH, FL 33785 US

New Principal Place of Business:

Current Mailing Address:

315 12TH AVE.
INDIAN ROCKS BEACH, FL 33785

New Mailing Address:

FEI Number: 59-3012427 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHWAB, RANDY
315 12TH AVENUE
INDIAN ROCKS BEACH, FL 33785 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: SCHWAB, RANDY,
Address: 315 12TH AVE.
City-St-Zip: INDIAN ROCKS BCH, FL 33785

Title: VP () Delete
Name: SCHWAB, VIRGINIA M MRS
Address: 312 12TH AVENUE
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: SECY () Delete
Name: SCHWAB, DEBORAH J MRS
Address: 14804 SUNSET DRIVE
City-St-Zip: LARGO, FL 33785

Title: TRES () Delete
Name: SCHWAB, VIRGINIA M MRS
Address: 315 12TH AVENUE
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RANDY SCHWAB

PRES

04/07/2008

Electronic Signature of Signing Officer or Director

_____ Date