

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007288

FILED  
May 01, 2006  
Secretary of State

Entity Name: KNOWLEDGELEADERS, INC.

## Current Principal Place of Business:

504 SOUTH FLORIDA AVE.  
#224  
TARPON SPRINGS, FL 34689 US

## New Principal Place of Business:

## Current Mailing Address:

504 SOUTH FLORIDA AVE.  
#224  
TARPON SPRINGS, FL 34689 US

## New Mailing Address:

FEI Number: 59-3686695      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

DUNNE, ROBERT R  
504 SOUTH FLORIDA AVE.  
#224  
TARPON SPRINGS, FL 34689 US

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

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: DUNNE, ROBERT R  
Address: 504 SOUTH FLORIDA AVE. #224  
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: CD ( ) Delete  
Name: DUNNE, JAMES E  
Address: 371 WESTERN AVENUE  
City-St-Zip: GLOUCESTER, MA 33647

Title: SD ( ) Delete  
Name: SCHROCK, JOSEPH  
Address: 2840 KELLY SQUARE  
City-St-Zip: VIENNA, VA 22180

Title: D ( ) Delete  
Name: GRELO, ANTHONY  
Address: 125 SOUTH POLK  
City-St-Zip: SARASOTA, FL 34236 US

Title: D ( ) Delete  
Name: CAVALLARO, KRINA  
Address: 47 PINEWOOD DRIVE  
City-St-Zip: PROVIDENCE, RI 02904

Title: TD ( ) Delete  
Name: DUNNE, LINDA  
Address: 504 SOUTH FLORIDA AVE. #224  
City-St-Zip: TARPON SPRINGS, FL 34689

## 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:

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT R. DUNNE

PD

05/01/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date