

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007288

FILED
Mar 16, 2009
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)

Name and Address of Current Registered Agent:

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

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: 1635 FIELDFARE COURT
City-St-Zip: DUNEDIN, FL 34698

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

Title: D () Delete
Name: CAVALLARO, KRINA
Address: 419 ALBION ROAD #17
City-St-Zip: LINCOLN, RI 02865

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
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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 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

03/16/2009

Electronic Signature of Signing Officer or Director

Date