


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90149 015 ****70.00

DOCUMENT # N00000007288

1. Entity Name
KNOWLEDGELEADERS, INC.



Principal Place of Business
**2539 GARY CIRCLE
#205
DUNEDIN, FL 34698 US**

Mailing Address
**2539 GARY CIRCLE
#205
DUNEDIN, FL 34698 US**

2. Principal Place of Business
**504 South Florida Ave.
Suite, Apt. #, etc.
#224**

3. Mailing Address
**504 South Florida Ave.
Suite, Apt. #, etc.
#224**

City & State
Tarpon Springs, FL

City & State
Tarpon Springs, FL

Zip
34689

Country
USA

Zip
34689

Country
USA



CHECK HERE IF MAKING CHANGES

4. FEI Number
59-3686695

Applied For
 Not Applicable

5. Certificate of Status Desired
 \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**DUNNE, ROBERT R
2539 GARY CIRCLE
#205
DUNEDIN, FL 34698**

7. Name and Address of New Registered Agent
Name
Dunne, Robert R.
Street Address (P.O. Box Number is Not Acceptable)
504 South Florida Ave. #224
City
Tarpon Springs FL Zip Code
34689

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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Robert R. Dunne** **Robert R. Dunne** **4/26/2003**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC DUNNE, ROBERT R 2539 GARY CIRCLE #205 DUNEDIN, FL 34698 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUNNE, JAMES E 371 WESTERN AVENUE GLOUCESTER, MA 33647 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRENAMEYER, RICHARD <input checked="" type="checkbox"/> Delete 8499 WEST HWY 30-A SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRELO, ANTHONY <input type="checkbox"/> Delete 126 SOUTH POLK SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWSON, ROBERT <input checked="" type="checkbox"/> Delete 90 JUNIPER LANE PEMBROKE, MA 02359
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Dunne, Robert R. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 504 South Florida Ave #224 Tarpon Springs, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D Dunne, James E. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 371 Western Ave. Gloucester, MA 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Schrock, Joseph <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2840 Kelly Square Vienna, VA 22180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Dunne, Linda <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 504 South Florida Ave #224 Tarpon Springs, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cavallaro, Krina <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 47 Pinewood Drive North Providence, R.I. 02904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Grello, Anthony <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 70 Watcher Drive Bonnet Shores, R.I. 02882

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowered to execute this report as required by Chapter 617, 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.

SIGNATURE: **Robert R. Dunne** **Robert R. Dunne** **4/26/03** **945-8386** **(727)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRREC07 (10/02)