

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11604

FILED
Aug 23, 2008
Secretary of State

Entity Name: THE KNOWLEDGE COLLEGE, INC.

Current Principal Place of Business:

16585 NW 2ND AVE
C/O JOEL FINE
MIAMI, FL 33169

New Principal Place of Business:

16585 NW 2ND AVE
C/O LAURA MAY
MIAMI, FL 33169

Current Mailing Address:

P.O. BOX 1
MIAMI, FL 33153

New Mailing Address:

FEI Number: 65-0205743 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

FINE, JOEL
16585 NW 2ND AVE STE 100
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

MAY, LAURA
16585 NW 2ND AVE STE 100
MIAMI, FL 33169 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: LAURA MAY

08/23/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MAY, LAURA R.,
Address: 16585 NW 2ND AVE STE 100
City-St-Zip: MIAMI, FL 33169

Title: VD () Delete
Name: POSNER, JERROLD,
Address: 16585 NW 2ND AVE STE 100
City-St-Zip: MIAMI, FL 33169

Title: STD (X) Delete
Name: FINE, JOEL T.,
Address: 16585 NW 2ND AVE STE 100
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDST (X) Change () Addition
Name: MAY, LAURA R.,
Address: 16585 NW 2ND AVE STE 100
City-St-Zip: MIAMI, FL 33169

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: LAURA MAY

P

08/23/2008

Electronic Signature of Signing Officer or Director

Date