## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000003483

Entity Name: THE PURSUIT OF KNOWLEDGE, INC.

FILED Jan 24, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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2150 SOUTH CONGRESS AVENUE WEST PALM BEACH, FL 33406

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 870 PALM BEACH, FL 33480

FEI Number: 65-0686549 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WHITFIELD, GRAHAM F 2150 SOUTH CONGRESS AVENUE WEST PALM BEACH, FL 33406

**OFFICERS AND DIRECTORS:** 

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:

Date

## Electronic Signature of Registered Agent

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete WHITFIELD, GRAHAM F WHITFIELD, GRAHAM F Name: Name:

Address: 235 QUEENS LANE Address: 235 QUEENS LANE City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: PALM BEACH, FL 33480 US

Title: VD () Delete Title: VD (X) Change ( ) Addition

PAUL, MICHAEL Name: PAUL, MICHAEL Name: Address: 4301 DUSTIN ROAD Address: 4301 DUSTIN ROAD

BURTONSVILLE, MD 20866 US BURTONSVILLE, MD 20866 City-St-Zip: City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition

FISHER, JOHN Name: FISHER, JOHN Name:

7268 SE MAGELLAN LANE 7268 SE MAGELLAN LANE Address: Address: City-St-Zip: PALM BEACH GARDENS, FL 33418 City-St-Zip: STUART, FL 34997 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GRAHAM F. WHITFIELD PD 01/24/2004