


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90065 036 ****61.25

DOCUMENT # N97000001461	
1. Entity Name FLORIDA KNIFEMAKERS ASSOCIATION, INC.	

Principal Place of Business 196 SAGE CIR CRYSTAL BEACH FL 34681 <i>Second Request!</i>	Mailing Address P.O. BOX 861 CRYSTAL BEACH FL 34681
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State CRYSTAL BEACH FL	City & State
Zip 34681	Country

4. FEI Number NO-T APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MINK, DANIEL J 196 SAGE CIR CRYSTAL BEACH FL 34681	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP PIERGALLINI, DAN 4011 N FORBES RD PLANT CITY FL 33565-4945 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD WILSON, STAN 808 SOUVENIR DR CLEARWATER FL 33755 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD MINK, DAN 196 SAGE CIRCLE CRYSTAL BEACH FL 34681 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD LUNN, GAIL 6970 9TH AVE N SAINT PETERSBURG FL 33710 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D VOBT, DONALD 9007 HOGANS BEND TAMPA FL 33647 <input checked="" type="checkbox"/> Delete
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	VP JACK DAVENPORT 5112 LAGOS COURT NEW PORT RICHEY, FL 34655 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD DONALD VOET 9007 HOGANS BEND TAMPA, FL 33647 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MICHAEL TISON 1004 WEST SOCRUM LOOP ROAD LAKE LAND, FL 33602 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *[Signature]* **DAN MINK PRESIDENT** **MARCH 8 2007 727-785408**