


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jun 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000002261
 1. Entity Name
 KNIGHT VISION FOUNDATION, INC.



Principal Place of Business %MICHAEL SCHWARTZ, CPA 2580 SUNRISE HIGHWAY BELLMORE, NY 11710	Mailing Address %MICHAEL SCHWARTZ, CPA 2580 SUNRISE HIGHWAY BELLMORE, NY 11710
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05082006 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0829583	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POLISH, SHELDON
 515 EAST LAS OLAS BLVD.
 SUITE 1500
 FORT LAUDERDALE, FL 33301

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by September 6, 2006

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KLEINKNECHT, PETER 960 REEF ROAD VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD KLEINKNECHT, MAUREEN 960 REEF ROAD VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEINKNECHT, GAVIN 960 REEF ROAD VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEINKNECHT, SABRINA 960 REEF ROAD VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEINKNECHT, KEIR 960 REEF ROAD VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000567148
 06/13/06-80005-002 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Peter Kleinknecht Peter Kleinknecht 6/13/06
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #