


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
May 30, 2007 08:00 A
Secretary of State

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



Principal Place of Business / Mailing Address
 %MICHAEL SCHWARTZ, CPA
 2580 SUNRISE HIGHWAY
 BELLMORE, NY 11710

DO NOT WRITE IN THIS SPACE



05102007 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

Filing Fee is \$61.25
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS

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

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 06/01/07-80007-004 61.25

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: MAUREEN KLEINKNECHT  5/22/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #