

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 27, 2009  
Secretary of State**

DOCUMENT# N98000002261

Entity Name: KNIGHT VISION FOUNDATION, INC.

**Current Principal Place of Business:**

%MICHAEL SCHWARTZ, CPA  
2580 SUNRISE HIGHWAY  
BELLMORE, NY 11710

**New Principal Place of Business:**

**Current Mailing Address:**

%MICHAEL SCHWARTZ, CPA  
2580 SUNRISE HIGHWAY  
BELLMORE, NY 11710

**New Mailing Address:**

FEI Number: 65-0829583      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

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

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VSD ( ) Delete  
Name: KLEINKNECHT, PETER  
Address: 960 REEF ROAD  
City-St-Zip: VERO BEACH, FL 32963

Title: PTD ( ) Delete  
Name: KLEINKNECHT, MAUREEN  
Address: 960 REEF ROAD  
City-St-Zip: VERO BEACH, FL 32963

Title: D ( ) Delete  
Name: KLEINKNECHT, GAVIN  
Address: 960 REEF ROAD  
City-St-Zip: VERO BEACH, FL 32963

Title: D ( ) Delete  
Name: KLEINKNECHT, SABRINA  
Address: 960 REEF ROAD  
City-St-Zip: VERO BEACH, FL 32963

Title: D ( ) Delete  
Name: KLEINKNECHT, KEIR  
Address: 960 REEF ROAD  
City-St-Zip: VERO BEACH, FL 32963

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: PETER KLEINKNECHT

VSD

03/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date