2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000020917

1. Entity Name

KN MACHINE & TOOLS, INC.



FILED Feb 22, 2007 08:00 AM Secretary of State

Principal Place of Business

3065 JUPITER PARK CIRCLE #3 Jupiter, FL 33458 Mailing Address

3065 JUPITER PARK CIRCLE #3 JUPITER, FL 33458



DO NOT WRITE IN THIS SPACE

| 01302007 | No Chg-P | CR2E034 (11/05) | | | |
|------------------|------------------|-----------------|-------------------|--|--|
| 4. FEI Number | | | Applied For | | |
| 65-0987 | 407 | | Not Applicable | | |
| 5. Certificate o | f Status Desired | | \$8.75 Additional | | |

6. Name and Address of Current Registered Agent

BLOCK, PHYLLIS S C/O ARNSTEIN & LEHR 515 NORTH FLAGLER DRIVE SUITE 600 WEST PALM BEACH, FL 33401-4323

DO NOT WRITE IN THIS SPACE

| | e named entity submits this statement for the pations of registered agent. | ourpose of changing its regis | tered office or r | egistered agent, or bo | oth, in the State of Florida. I am familiar with, and accep | t |
|--|---|---|------------------------|--------------------------------|---|---|
| SIGNATURE. | Signature, typed or printed name of registered agent and title | Il applicable. (NOTE, Regis | stered Agent signature | required when rainstating) | DATE | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 | Election Campaign Fit Trust Fund Contribution | nancing | \$5.00 May Be Added to Fees | | |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND DIRECT PT NGUYEN, KHOA V 6326 GARRETT ST JUPITER, FL 33458 | CTORS | | | U00000642704 03/01/07-80054-007 150.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | 03/01/01-60034-60/ 130.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN ' | THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-7IP | | | | | | |

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 607, 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-07

Daytime Phone #