2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005
Secretary of State

DOCUMENT# P00000028387

Entity Name: KNOWLEDGE DATA SYSTEMS, INC.

Current Principal Place of Business:

255 EAST FLAGLER STREET
THIRD FLOOR
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

255 EAST FLAGLER STREET
THIRD FLOOR
MIAMI, FL 33131

New Mailing Address:

FEI Number: 65-0992379 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OLANO, NICHOLAS
255 EAST FLAGLER STREET
THIRD FLOOR
MIAMI, FL 33131 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete
Name: OLANO, NICOLAS
Address: 1172 SOUTH DIXIE HIGHWAY
City-St-Zip: CORAL GABLES, FL 33146

Title: DVPT ( ) Delete
Name: GAMBETTI, WILLIAM
Address: 1172 SOUTH DIXIE HIGHWAY
City-St-Zip: CORAL GABLES, FL 33146

Title: VP ( ) Delete
Name: GAMBETT, IGINIO
Address: 1172 S DIXIE HIGHWAY
City-St-Zip: CORAL GABLES, FL 33146

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICOLAS OLANO DPS 04/19/2005

Electronic Signature of Signing Officer or Director — Date