

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000084378

Entity Name: KRISTIA KNOWLES, INC.

FILED  
Apr 30, 2009  
Secretary of State

**Current Principal Place of Business:**

333 SOUTH ATLANTIC AVE  
ORMOND BEACH, FL 32176

**New Principal Place of Business:**

**Current Mailing Address:**

333 SOUTH ATLANTIC AVE  
ORMOND BEACH, FL 32176

**New Mailing Address:**

FEI Number: 59-3668730

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KNOWLES, KRISTIA  
333 SOUTH ATLANTIC AVE  
ORMOND BEACH, FL 32176 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: PD ( ) Delete  
Name: KNOWLES, KRISTIA  
Address: 333 SOUTH ATLANTIC AVE  
City-St-Zip: ORMOND BEACH, FL 321769

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTIA KNOWLES

PRES

04/30/2009

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

\_\_\_\_\_  
Date