

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000018298

Entity Name: INFUSION KNOWLEDGE, INC.

FILED
Apr 20, 2005
Secretary of State

Current Principal Place of Business:

PO BOX 8649
CLEARWATER, FL 337588649

New Principal Place of Business:

Current Mailing Address:

PO BOX 8649
CLEARWATER, FL 337588649

New Mailing Address:

FEI Number: 59-3685647

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COULTER, GAYLE K
1238 BROOKSIDE DRIVE
CLEARWATER, FL 33764 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: DP () Delete
Name: COULTER, GAYLE K
Address: 1238 BROOKSIDE DRIVE
City-St-Zip: CLEARWATER, FL 33764

Title: DV () Delete
Name: COULTER, CHRISTINA
Address: 1238 BROOKSIDE DRIVE
City-St-Zip: CLEARWATER, FL 33764

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: GAYLE K COULTER

Electronic Signature of Signing Officer or Director

OWNE

04/20/2005

Date