2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004
Secretary of State

DOCUMENT# P01000092726

Entity Name: THE KNIGHT DESIGN GROUP, INC.

Current Principal Place of Business:

110 BOMAR COURT
#132
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

503 YORKSHIRE DR
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 59-3750224 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHERRETZ, MARK
503 YORKSHIRE DR
OVIEDO, FL 32765 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: D ( ) Delete
Name: WOODCOCK, LARRY W
Address: 1602 LITTLE SPARROW CT
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D ( ) Delete
Name: SHERRETZ, DEBBIE C
Address: 503 YORKSHIRE DR
City-St-Zip: OVIEDO, FL 32765

Title: D ( ) Delete
Name: SHERRETZ, MARK W
Address: 503 YORKSHIRE DR
City-St-Zip: OVIEDO, FL 32765

Title: D ( ) Delete
Name: WOODCOCK, MARLEM
Address: 1602 LITTLE SPARROW COURT
City-St-Zip: WINTER SPRINGS, FL 32708

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:

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: DEBBIE C. SHERRETZ D 04/19/2004

Electronic Signature of Signing Officer or Director — Date