

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000110064

Entity Name: KNOWLEDGE-FORGE, INC.

FILED
May 31, 2006
Secretary of State

Current Principal Place of Business:

1830 BOSTON AVENUE
SUITE E
LONGMONT, CO 80501

New Principal Place of Business:

Current Mailing Address:

1830 BOSTON AVENUE
SUITE E
LONGMONT, CO 80501

New Mailing Address:

FEI Number: 01-0694225

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALLORY, EARL K
1907 COMMERCE LANE
SUITE 104
JUPITER, FL 334688858 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T/D () Delete
Name: JOHANSEN, DOUGLAS G
Address: 18270 SE FAIRVIEW CIRCLE
City-St-Zip: TEQUESTA, FL 33469

Title: D () Delete
Name: FLYNN, JOHN H
Address: 7171 TRADITION COVE LANE EAST
City-St-Zip: WEST PALM BEACH, FL 33412

Title: C/D () Delete
Name: FLYNN, HOWARD
Address: 1830 BOSTON AVENUE, STE. E
City-St-Zip: LONGMONT, CO 80501

Title: S/D () Delete
Name: GERRIOR, STEVEN
Address: 1830 BOSTON AVENUE, STE. E
City-St-Zip: LONGMONT, CO 80501

Title: D () Delete
Name: WOOD, JAMES B
Address: 16140 MATILJA
City-St-Zip: LOS GATOS, CA 95030

Title: P/D () Delete
Name: NORVELL, DOUGLAS A
Address: 1830 BOSTON AVENUE
City-St-Zip: LONGMONT, CO 80501

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FLYNN, JOHN H
Address: 2870 PHARR COURT SOUTH #1410
City-St-Zip: ATLANTA, GA 30305

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 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: DOUGLAS A NORVELL

PRES

05/31/2006

Electronic Signature of Signing Officer or Director

Date