

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT


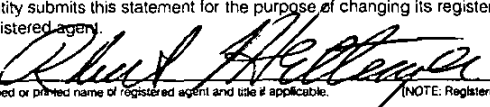
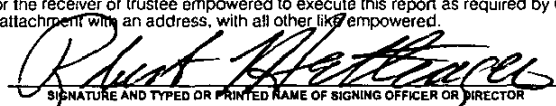
**FILED**  
**Jul 24, 2006 8:00 am**  
**Secretary of State**

07-24-2006 90006 014 \*\*\*158.75

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07202006 Chg-P CR2E034 (11/05)

DOCUMENT # P02000013208					
1. Entity Name KNOLLCREST, INC.					
Principal Place of Business 104 BREEZEWOOD DEBARY, FL 32713			Mailing Address <del>104 BREEZEWOOD</del> <del>DEBARY, FL 32713</del> 23 FLEMING COURT PALM COAST, FL 32137		
2. Principal Place of Business 23 FLEMING CT			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State PALM COAST FL			City & State		
Zip 32137		Country FLAGLER		Zip	
				Country	
4. FEI Number 02-0548415				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HETTINGER, ROBERT L 104 BREEZEWOOD DEBARY, FL 32713			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 23 FLEMING COURT PALM COAST, FL City FL Zip Code 32137		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  DATE 7/20/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HETTINGER, ROBERT 104 BREEZEWOOD DEBARY, FL 32713	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	23 FLEMING CT. PALM COAST, FL 32137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  DATE 7/20/06 DAYTIME PHONE # 384 5470192 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					