2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000112090

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TOIVOLA, CHRISTIAN

MIAMI, FL 33129 US

1611 SW 2ND CT #102

Name:

Address: City-St-Zip:

FILED Jun 30, 2005 Secretary of State

Entity Name: TECH KNOW CONSULTING CORPORATION Current Principal Place of Business: New Principal Place of Business: 1611 SW 2ND CT #102 MIAMI, FL 33129 **Current Mailing Address: New Mailing Address:** 1611 SW 2ND CT #102 MIAMI, FL 33129 FEI Number: 20-0335939 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BENJAMIN-WISE, SHEENA BENJAMIN-WISE, SHEENA 1545 EAST OAKLAND PARK BLVD. 707 SOUTHEAST 3RD AVENUE FORT LAUDERDALE, FL 33334 SUITE 401 FORT LAUDERDALE, FL 33316 US 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: 06/30/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition PALMER, JERRI Name: Name: 1611 SW 2ND CT #102 Address: Address: City-St-Zip: MIAMI, FL 33129 US City-St-Zip: Title: VΡ () Delete Title: () Change () Addition WISE, WARREN Name: Name: 1611 SW 2ND CT #102 Address: Address: MIAMI, FL 33129 US City-St-Zip: City-St-Zip: Title:

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JERRI LYNN PALMER **PRES** 06/30/2005

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