


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2004 8:00 am
Secretary of State

06-09-2004 90001 003 ***150.00

DOCUMENT # P03000151269	
1. Entity Name K.N. POWER, INC.	

Principal Place of Business 5756 AUTUMN CHASE CIRCLE SANFORD, FL 32773	Mailing Address 5756 AUTUMN CHASE CIRCLE SANFORD, FL 32773
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2. Principal Place of Business 1171 E. PLANT ST. Suite, Apt. #, etc.	3. Mailing Address 1171 E. PLANT ST. Suite, Apt. #, etc.
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City & State WINTER GARDEN FL	City & State WINTER GARDEN FL
Zip 34787	Zip 34787
Country ORANGE	Country ORANGE



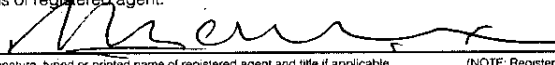
03272003 Chg-P CR2E034 (10/03)

4. FEI Number 41-2119243	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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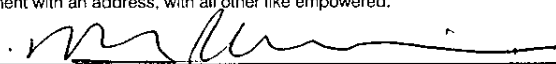
6. Name and Address of Current Registered Agent PATEL, MANISH 5756 AUTUMN CHASE CIRCLE SANFORD, FL 32773	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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 06-01-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PATEL, MANISH 5756 AUTUMN CHASE CIRCLE SANFORD, FL 32773 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PATEL, MADHAVA 26 STAR LN S. BARRINGTON, IL 60010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PATEL, JAGDISH G W 142 N 10453 MAGNOLIA DR. GERMANTOWN, WI 53022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, BIPIN 5335 RIVER TRAIL MEQUON, WI 53092 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
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 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 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 06-01-04 DAYTIME PHONE # 407-466-3543
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

Attachment

44046348

By Certified Mail

K.N.POWER, INC.
1171 E PLANT ST
WINTER GARDEN, FL 34787

JUNE 2, 2004

Secretary of State
Division of Corporation
P.O.Box 6327
Tallahassee Fl 32314

Ref:- Document #P03000151269
EIN:-41-2119243
Waiver of penalty

Dear Sir/Madam,

With reference to above, I undersigned PATEL MANISH, President of K.N.POWER, INC. would like to request you to reinstatement & waive the penalty for non-payment of Annual Filing Fees for 2004 on the following grounds.

I never received the Annual Filing Form for 2004, may be lost in the mail and/or delivered back to you, which was not forwarded to us because of change of address. Unfortunatley, I never realized that I did not pay the annual filing fee for 2004 as I did not received the Filing Form for the year 2004. I made a mistake due to lack of knowledge and information & unavoidable circmstances. I would like to request you to waive the penalty on the basis of lack of knowledge, information and misunderstandings.

I am enclosing herewith the check of \$150.00 being an annaul filing fee for 2004 as an exceptional case. I assure you that this is not going to happen in the future, if I will receive the Form on or before due date. Please waive the penalty on the basis of lack of knowledge, information, misunderstanding and undue hardship in this bad economy. Thanking you in advance for your cooperation. Sorry for the inconvenience that caused to you.
Sincerely,


(MANISH PATEL)

encl:- as above Ck of \$150