

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2005 8:00 am
Secretary of State

08-23-2005 90012 049 ***150.00

DOCUMENT # P04000109916

1. Entity Name
KNOWLEDGEGATES CORPORATION



Principal Place of Business
**269 WINDSOR L
WEST PALM BEACH, FL 33417 US**

Mailing Address
**269 WINDSOR L
WEST PALM BEACH, FL 33417 US**

50062981



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

08192005 Chg-P CR2E034 (10/03)

City & State
Zip Country

City & State
Zip Country

4. FEI Number
41-2152799

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PARR, ALBERT F. W.
269 WINDSOR L
WEST PALM BEACH, FL 33417**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Delete
D	PARR, AIMEE	30 WHITE OAK CIRCLE	WINGDALE, NY 12495	<input type="checkbox"/>
D	PARR, MAGGIE	2496 ABACO AVE	MIAMI, FL 33133	<input type="checkbox"/>
D	PARR, VIRGINIA	2328 WEST GRACE ST.	RICHMOND, VA 23220	<input type="checkbox"/>
D	PARR, ALBERT F. W.	269 WINDSOR L	WEST PALM BEACH, FL 33417	<input type="checkbox"/>
D	PARR, WILLIAM R. J.	269 WINDSOR L	WEST PALM BEACH, FL 33417	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
D	PARR, WILLIAM R. J.	1430 New Bolton Drive	Port Orange, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>

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: Albert F. W. Parr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19 August 2005 561-697-2877
Date Daytime Phone #