2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000109916

Entity Name: KNOWLEDGEGATES CORPORATION

FILED May 28, 2007 Secretary of State

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Current Principal Place of Business:				New Princ	New Principal Place of Business:		
269 WINDS WEST PAL	SOR L M BEACH, FL	33417	US				
Current Mailing Address:				New Mailii	New Mailing Address:		
269 WINDS WEST PAL	SOR L .M BEACH, FL	33417	US				
FEI Number:	41-2152799	FEI Numb	er Applied For ()	FEI Number Not Appli	icable () Certificate of Status Desired ()		
Name and	Address of C	urrent Re	gistered Agent:	Name and	Address of New Registered Agent:		
PARR, ALE 269 WINDS WEST PAL		33417	US				
The above in the State	named entity s of Florida.	ubmits this	s statement for the pu	rpose of changing it	ts registered office or registered agent, or both,		
SIGNATUR	RE:						
		c Signatuı	e of Registered Ager	nt	Date		
			the corporation did not I Contribution ().	receive the prior notice	е.		
	AND DIRECT		,	ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	D () PARR, AIMEE 30 WHITE OAK O WINGDALE, NY			Title: Name: Address: City-St-Zip:	D (X) Change () Addition PARR, DAMIAN 2001 OCEAN STREET EXTENSION SANTA CRUZ, CA 95060 US		
Title: Name: Address: City-St-Zip:	D () PARR, MAGGIE 2496 ABACO AV MIAMI, FL 3313			Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D () PARR, VIRGINIA 2328 WEST GRA RICHMOND, VA	ACE ST.		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D () PARR, ALBERT 269 WINDSOR L WEST PALM BE	-	3417 US	Title: Name: Address: City-St-Zip:	D/P (X) Change () Addition PARR, ALBERT F. W. 269 WINDSOR L WEST PALM BEACH, FL 33417 US		
Title: Name: Address: City-St-Zip:	D () PARR, WILLIAM 1430 NEW BOLT PORT ORANGE,	TON DRIVE		Title: Name: Address: City-St-Zip:	D (X) Change () Addition PARR, WILLIAM R. J. 1430 NEW BOLTON DRIVE PORT ORANGE, FL 32129 US		

I hereby certify that the information supplied with this filing does not qualify 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: ALBERT F.W. PARR P/D 05/28/2007