

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 09, 2008 8:00 am**  
**Secretary of State**

07-09-2008 90021 010 \*\*\*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**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07072008 Chg-P CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

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

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 12, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **PARR, DAMIAN**  
STREET ADDRESS **2001 OCEAN STREET EXTENSION**  
CITY-ST- ZIP **SANTA CRUZ, CA 95060**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST- ZIP

TITLE **D** ☐ Delete  
NAME **PARR, MAGGIE**  
STREET ADDRESS **2496 ABACO AVE**  
CITY-ST- ZIP **MIAMI, FL 33133**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST- ZIP

TITLE **D** ☐ Delete  
NAME **PARR, VIRGINIA**  
STREET ADDRESS **2328 WEST GRACE ST.**  
CITY-ST- ZIP **RICHMOND, VA 23220**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST- ZIP

TITLE **D/P** ☐ Delete  
NAME **PARR, ALBERT F. W.**  
STREET ADDRESS **269 WINDSOR L**  
CITY-ST- ZIP **WEST PALM BEACH, FL 33417**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST- ZIP

TITLE **D** ☐ Delete  
NAME **PARR, WILLIAM R. J.**  
STREET ADDRESS **1430 NEW BOLTON DRIVE**  
CITY-ST- ZIP **PORT ORANGE, FL 32129** **CHANGE ADDRESS**

TITLE ☒ Change ☐ Addition  
NAME **Parr, William R.J.**  
STREET ADDRESS **269 Windsor L**  
CITY-ST- ZIP **West Palm Beach, FL 33417**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST- ZIP

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:

*Albert F. W. Parr* **ALBERT F. W. PARR**

**7/8/08**

**561-697-2877**