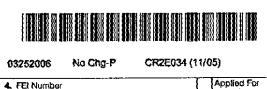
2006 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P04000171757 1. Entity Name KNOW HIM ENTERPRISES INC. Mailing Address Principal Place of Business 5068 NW 55TH AVENUE 5068 NW 55TH AVENUE OCALA, FL 34482

FILED Apr 04, 2006 08:00 AM Secretary of State



Not Applicable

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

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

41-2161773

DAVIS, ROBERT B 5068 NW 55TH AVENUE OCALA, FL 34482

OCALA FL 34482

DO NOT WRITE IN THIS SPACE

SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable. MOTE: Registerer	d Agent signatur	required when reinstating)	DATE	
				\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECT	TORS	1			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAVIS, ROBERT 8 5068 NW 55TH AVENUE OCALA, FL 34482					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RUSSELL, GEORGE 8985 SOUTHEAST 142ND LANE SUMMERFIELD, FL 34491				U00000490972 04/19/06-80003-019 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RUSSELL, EULA 8985 SOUTHEAST 142ND LANE SUMMERFIELD, FL 34491	" .		DO	NOT WRITE	
TITLE NAME SIRCEI ADDRESS CITY-ST-ZIP	T DAVIS, DEBBIE 5068 NW 55TH AVENUE OCALA, FL 34482	-		IN T	THIS SPACE	
TITLE RAME STREET ADDRESS CITY-ST-ZIP	,					
TITLE HAME SITTEET 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 trusted empowered to execute this report as required by Chapter 507. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachness, with an address, with all other like empowered.						