2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2007 08:00 AM Secretary of State

D	OCL	JMEI	VT	#	P05	വവ	ነበ4	.റെ	1	1
\boldsymbol{L}	-	J V L	4 I	77		\mathbf{u}	,,,	-		

1. Entity Name

BLACK KNIGHT SERVICES INC



Principal Place of Business

Mailing Address

9369 DUBOIS BLVD ORLANDO, FL 32825 9369 DUBOIS BLVD ORLANDO, FL 32825



DO NOT WRITE IN THIS SPACE

04302007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2515988 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6.		Address				

SIU, EKATERINE 9369 DUBOIS BLVD ORLANDO, FL 32825

DO NOT WRITE IN THIS SPACE

			IN THIS STAGE				
	named entity submits this statement for the p tions of registered agent.	ourpose of changing its registere	ed office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registers	d Agent signetur	e required when reinstating)	DATE		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS	ł .		<u> </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIU, EKATERINE 9369 DUBOIS BLVD ORLANDO, FL 32825						
TITLE NAME STREET ADDRESS CITY-SI-ZIP	VP SIU, DIEGO JR 9369 DUBOIS BLVD ORLANDO, FL 32825						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TRILE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000751408 05/18/07-80101-013 150.00		
TITLE NAME STREET ADDRESS CITY - ST - ZIP							

12. Thereby certify that the information supplied with this filling 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:

Exaterine Siu (P)

BIGHATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON OWNECTOR

4-20-07

3212970234

Date

Daytime Phone #