

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000047510

FILED  
Mar 16, 2006  
Secretary of State

Entity Name: KNIGHTS ADMINISTRATION INC.

## Current Principal Place of Business:

500 9TH AVE. SO.  
APT. B1  
SAFETY HARBOR, FL 34695

## Current Mailing Address:

500 9TH AVE. SO.  
APT. B1  
SAFETY HARBOR, FL 34695

## New Principal Place of Business:

3111 W DR ML KING BLVD  
SUITE 100  
TAMPA, FL 33607 US

## New Mailing Address:

3111 W DR ML KING BLVD  
SUITE 100  
TAMPA, FL 33607 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 US

## Name and Address of New Registered Agent:

DENTNESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 US

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.

SIGNATURE: BUSINESS FILINGS INCORPORATED 03/16/2006  
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LINDAHL, WILL  
Address: 500 9TH AVE. SO., APT. B1  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: T ( ) Delete  
Name: LAZARUS, TINA  
Address: 11361 CARMEL CREEK RD  
City-St-Zip: SAN DIEGO, CA 92130

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LINDAHL, WILL  
Address: 407 SO. FREMONT AVE. UNIT A  
City-St-Zip: TAMPA, FL 33606

Title: D (X) Change ( ) Addition  
Name: LINDAHL, WILL  
Address: 407 SO. FREMONT AVE. UNIT A  
City-St-Zip: TAMPA, FL 33606

Title: T ( ) Change (X) Addition  
Name: LAZARUS, TINA  
Address: 407 SO. FREMONT AVE. UNIT A  
City-St-Zip: TAMPA, FL 33606

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM E. LINDAHL PRES 03/16/2006  
Electronic Signature of Signing Officer or Director Date