2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P05000047510

Entity Name: KNIGHTS ADMINISTRATION INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

302 WASHINGTON ST. #628
SAN DIEGO, CA 92103 US

New Mailing Address:

PO BOX 5355
SAN DIEGO, CA 91912 US

FEI Number: 20-2596492 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LINDAHL, WILL
Address: 380 2ND AVENUE N. #G
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D ( ) Delete
Name: LINDAHL, WILL
Address: 380 2ND AVENUE N. #G
City-St-Zip: SAFETY HARBOR, FL 34695

Title: V (X) Delete
Name: LAZARUS, TINA
Address: 380 2ND AVENUE N. #G
City-St-Zip: SAFETY HARBOR, FL 34695

Title: S (X) Delete
Name: LAZARUS, TINA
Address: 380 2ND AVENUE N. #G
City-St-Zip: SAFETY HARBOR, FL 34695

Title: T (X) Delete
Name: LAZARUS, TINA
Address: 380 2ND AVENUE N. #G
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LAZARUS, TINA
Address: 465 10TH AVENUE
City-St-Zip: SAN DIEGO, CA 92101

Title: C (X) Change ( ) Addition
Name: LINDAHL, WILL
Address: 465 10TH AVENUE
City-St-Zip: SAN DIEGO, CA 92101

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: TINA LAZARUS P 04/30/2009

Electronic Signature of Signing Officer or Director Date