


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Aug 31, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000093859	
1. Entry Name DAMIFIKNOW, INC.	
	
Principal Place of Business	Mailing Address
2071 BOGANVILLEA COURT NAPLES, FL 34105 US	2071 BOGANVILLEA COURT NAPLES, FL 34105 US



07162007 No Chg-P CR2E034 (11/05)

4. FEI Number 14-1933025	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
BARKER, FRANKLIN 2071 BOGANVILLEA COURT NAPLES, FL 34105	

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 14, 2007**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARKER, FRANKLIN 2071 BOGANVILLEA COURT NAPLES, FL 34105
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08/31/07-80001-020 150.00

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #