

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000156630

Entity Name: INKNOWVATOR, INC.

FILED
Apr 04, 2007
Secretary of State

Current Principal Place of Business:

4720 SALISBURY ROAD
SUITE 50
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

4720 SALISBURY ROAD
SUITE 50
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 20-3842965

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAFFORD, ANDREA N
1604 RIVER BREEZE DRIVE
ORANGE PARK, FL 32003 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: MURPHY, JOSEPH R JR.
Address: 5737 RUDOLPH
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: VP (X) Delete
Name: GAFFORD, ANDREA N
Address: 1604 RIVER BREEZE DR.
City-St-Zip: ORANGE PARK, FL 32003

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MURPHY, JOSEPH R JR.
Address: 1800 THE GREENS WAY, # 606
City-St-Zip: JACKSONVILLE, FL 32250

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

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: JOSEPH MURPHY

P

04/04/2007

Electronic Signature of Signing Officer or Director

Date