2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2008
Secretary of State

DOCUMENT# P07000090229

Entity Name: KNOWLES SWS GROUP, INC.

Current Principal Place of Business:

11446 CAYON MAPLE BLVD
DAVIE, FL 33330 US

New Principal Place of Business:

Current Mailing Address:

11446 CAYON MAPLE BLVD
DAVIE, FL 33330 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

KNOWLES, STEPHANIE
11446 CAYON MAPLE BLVD
DAVIE, FL 33330 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: SVTD ( ) Delete
Name: KNOWLES, STEPHANIE
Address: 11446 CAYON MAPLE BLVD
City-St-Zip: DAVIE, FL 33330 US

Title: PD ( ) Delete
Name: REDDICK, WALTER
Address: 430 NW 13TH AVE
City-St-Zip: FT LAUDERDALE, FL 33311 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change ( ) Addition
Name: KNOWLES, SANDRA L
Address: 1741 NW 28TH AVE.
City-St-Zip: FORT LAUDERDALE, FL 33311 US

Title: PD ( ) Change (X) Addition
Name: KNOWLES, CHRISTIFA A
Address: 1741 NW 28TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33311 US

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: STEPHANIE KNOWLES SVTD 08/22/2008

Electronic Signature of Signing Officer or Director Date