

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000116369

FILED
Apr 30, 2009
Secretary of State

Entity Name: KNK THERAPEUTIC RESOURCES, INC.

Current Principal Place of Business:

2271 NW 171ST TERR.
PEMBROKE PINES, FL 33028

New Principal Place of Business:

2271 NW 171ST TERR.
PEMBROKE PINES, FL 330282053 US

Current Mailing Address:

2271 NW 171ST TERR.
PEMBROKE PINES, FL 33028

New Mailing Address:

2271 NW 171ST TERR.
PEMBROKE PINES, FL 330282053 US

FEI Number: 26-1644668

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUDSON, JOAN
2271 NW 171ST TERR.
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

HUDSON, JOAN M
2271 NW 171ST TERR.
PEMBROKE PINES, FL 330282053 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: JOAN HUDSON

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HUDSON, JOAN
Address: 2271 NW 171ST TERR.
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VD () Delete
Name: FRANCOIS, JIM
Address: 2271 NW 171ST TERR.
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HUDSON, JOAN M
Address: 2271 NW 171ST TERR.
City-St-Zip: PEMBROKE PINES, FL 330282053 US

Title: VD (X) Change () Addition
Name: FRANCOIS, JIM
Address: 2271 NW 171ST TERR.
City-St-Zip: PEMBROKE PINES, FL 330282053 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: JOAN HUDSON

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date