2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2009
Secretary of State

DOCUMENT# P08000067767

Entity Name: THE KNIT KIT INC

Current Principal Place of Business:

1800 ALAMANDA DR.
NAPLES, FL 32102 US

New Principal Place of Business:

Current Mailing Address:

1800 ALAMANDA DR.
NAPLES, FL 32102 US

New Mailing Address:

PO BOX 1197
BELLEVUE, ID 83313 US

FEI Number: 26-2945056 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
320 S. FLAMINGO ROAD
347
PEMBROKE PINES, FL 33027 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, D ( ) Delete
Name: BARRY, BARBARA
Address: 1800 ALAMANDA DR.
City-St-Zip: NAPLES, FL 32102 US

Title: S ( ) Delete
Name: LINDBERG, DEEETE
Address: 1800 ALAMANDA DR.
City-St-Zip: NAPLES, FL 32102 US

Title: T ( ) Delete
Name: BARRY, PATTE
Address: 1800 ALAMANDA DR.
City-St-Zip: NAPLES, FL 32102 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, D (X) Change ( ) Addition
Name: BARRY, BARBARA A
Address: 1800 ALAMANDA DR.
City-St-Zip: NAPLES, FL 32102 US

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: BARBARA BARRY BARB 02/06/2009
Electronic Signature of Signing Officer or Director Date