

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000034772

Entity Name: KNOWTIFICATION, INC.

**FILED**  
**Jan 22, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

20985 ST. ANDREWS BLVD  
SUITE 29  
BOCA RATON, FL 33433

**New Principal Place of Business:**

**Current Mailing Address:**

20985 ST. ANDREWS BLVD  
SUITE 29  
BOCA RATON, FL 33433

**New Mailing Address:**

FEI Number: 26-4710448

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MAIT, ADAM D  
1111 BRICKELL BAY DRIVE  
PH 3304  
MIAMI, FL 33131 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MAIT, JARRED E  
Address: 20985 ST. ANDREWS BLVD SUITE 29  
City-St-Zip: BOCA RATON, FL 33433 US

Title: P  
Name: MAIT, ADAM D  
Address: 1111 BRICKELL BAY DRIVE PH 3304  
City-St-Zip: MIAMI, FL 33131 US

I hereby 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 all other like empowered.

SIGNATURE: ADAM DAVID MAIT

PRES

01/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date