

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P32085

FILED  
Feb 04, 2008  
Secretary of State

Entity Name: KNOWLES AND KNOWLES, INC.

**Current Principal Place of Business:**

777 SOUTH FLAGLER DRIVE  
SUITE 800 - WEST TOWER  
WEST PALM BEACH, FL 33401 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 540164  
LAKE WORTH, FL 334540164 US

**New Mailing Address:**

FEI Number: 65-0221388      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

KNOWLES, LAVERIA  
8806 COBBLESTONE POINT CIRCLE  
BOYNTON BEACH, FL 33437 US

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

KNOWLES, LAVERIA  
8806 COBBLESTONE POINT CIRCLE  
BOYNTON BEACH, FL 33472 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: LAVERIA KNOWLES

02/04/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: KNOWLES, LAVERIA,  
Address: P.O. BOX 540164  
City-St-Zip: LAKE WORTH, FL 334540164

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: KNOWLES, LAVERIA,  
Address: P.O. BOX 540164  
City-St-Zip: LAKE WORTH, FL 334540164

Title: VP ( ) Change (X) Addition  
Name: KNOWLES, ARETINA M  
Address: P.O. BOX 540164  
City-St-Zip: LAKE WORTH, FL 334540164 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: LAVERIA KNOWLES

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02/04/2008

Electronic Signature of Signing Officer or Director

Date