2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

| | 006 FOR PROF ANNUAL R | | | | FILED Feb 06, 2006 08:00 AM |
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| DOCU 1. Entity Nam | MENT # P940000612 | 34 | | | Secretary of State |
| KNUZYX | INC. | | | | |
| Principal Plac | e of Business | Mailing A | ddress | | |
| 646 BLUEBI | | 646 BLU | EBIRD COURT | | |
| LAKE MARY | FL 32746 | . LAKE M | ARY FL 32746 | | |
| · | lace of Business | 3. Mading | | | |
| Suite, Apt. | #, etc. | Suite, / | pt. #, etc | | 1st MOORE CR2E034 (10/05) |
| City & State | e | City & | State | | 4. FEI Number 59-3268313 Applied Far Not Applied Far |
| Zip | Country | Zip | | Country | 5. Certificate of Status Desired |
| | 6. Name and Address of Current | Registered / | Agent | Name | 7. Name and Address of New Registered Agent |
| 646 | SH, LINDA BLUEBIRD COURT | JEBIRD COURT | | <u></u> | P.O. Box Number is Not Acceptable) |
| LAK | E MARY FL 32746 | | | | |
| | | | | City | FL Zip Code |
| | named entity submits this statement for ions of registered agent. | or the purpose | of changing its re | egistered office or register | red agent, or both, in the State of Florida. I am familiar with, and accept |
| SIGNATURE . | | | | | |
| | Signature, typed or printed name of registered agent | | | | |
| <u> </u> | | SALES NIGHT STATES | (107) | Registered Agent eignature required | # when reinstaurig) DATE |
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Indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Thenis John KEEVIN TASH

2-1-06

407-865-0943