

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000038300

1. Entity Name
KNUTH GAS & OIL, INC.



**FILED
Jan 09, 2006 8:00 am
Secretary of State**

01-09-2006 90029 038 ***150.00

10900063



01042006 Chg-P CR2E034 (11/05)

Principal Place of Business		Mailing Address	
3510 W BOYNTON BEACH BLVD. BOYNTON BEACH, FL 33436		-4014 CHASE AVENUE, #217 -C/O GOLDEY MIAMI BEACH, FL 33140	
2. Principal Place of Business		3. Mailing Address 111 SW 3rd Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 6th Floor c/o E. Harris	
City & State		City & State Miami, Florida	
Zip	Country	Zip 33130	Country Miami-Dade

4. FEI Number 65-0623153	Applied For
	Not Applicable

5. Certificate of Status Desired
\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOLDEY, STEVEN R
4014 CHASE AVENUE
217
MIAMI BEACH, FL 33140

Name Elliott Harris
Street Address (P.O. Box Number is Not Acceptable) 111 SW 3rd Street, 6th Floor
City Miami
FL Zip Code 33130

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

January 4, 2006

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KALICHMAN, DAVID 1231 W COPANS ROAD POMPANO BEACH, FL 33064	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GELMAN, MARK 20290-NE-30TH PLACE- AVENTURA, FL-33180	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZASLAVSKY, MARK 3560-MYSTIC POINT-DR AVENTURA, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David Kalichman January 4, 2006 (305) 6067477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #