


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-09-2006 90029 038 \*\*\*150.00

<b>DOCUMENT # P96000038300</b>	
1. Entity Name <b>KNUTH GAS &amp; OIL, INC.</b>	

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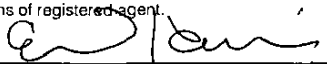
City & State	City & State <b>Miami, Florida</b>
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Zip	Country	Zip	Country
		<b>33130</b>	<b>Miami-Dade</b>

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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<b>GOLDEY, STEVEN R 4014 CHASE AVENUE 217 MIAMI BEACH, FL 33140</b>	Name <b>Elliott Harris</b>
	Street Address (P.O. Box Number is Not Acceptable) <b>111 SW 3rd Street, 6th Floor</b>
	City <b>Miami</b>
	FL Zip Code <b>33130</b>

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.
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SIGNATURE  <b>Elliott Harris</b>	DATE <b>January 4, 2006</b>
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>KALICHMAN, DAVID</b> <b>1231 W COPANS ROAD</b> <b>POMPAHO BEACH, FL 33064</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>GELMAN, MARK</b> <b>20290 NE 30TH PLACE</b> <b>AVENTURA, FL 33180</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>ZASTAVSKY, MARK</b> <b>3500 MYSTIC POINT DR</b> <b>AVENTURA, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>19333 Collins Avenue #1501</b> <b>Sunny Isles Beach, Florida 33160</b>
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"/> Change <input type="checkbox"/> Addition
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"/> 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.

<b>SIGNATURE:</b>  <b>David Kalichman</b>	<b>January 4, 2006 (305) 6067477</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>