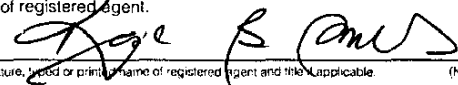


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90395 045 ***150.00

DOCUMENT # P96000063528 1. Entity Name KNOWHOW INVESTMENT CORPORATION			
Principal Place of Business 8031 SW 187TH TERRACE MIAMI MIAMI, FL 33189 US		Mailing Address 8031 SW 197TH TERRACE MIAMI MIAMI, FL 33189 US	
2. Principal Place of Business 13200 S.W. 84 AVE		3. Mailing Address 13200 S.W. 84 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PINECREST, FL		City & State PINECREST, FL	
Zip 33156		Zip 33156	
Country U.S.A		Country U.S.A	
4. FEI Number 65-0683825		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHIN SANG KETISON 8031 SE 197TH TERRACE MIAMI MIAMI, FL 33189		7. Name and Address of New Registered Agent Name KARL B. MILLS Street Address (P.O. Box Number is Not Acceptable) 13200 S.W. 84 AVE PINECREST City PINECREST FL Zip Code 33156	
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:  DATE: 04/25/05 <small>Signature, typed or printed name of registered agent and this applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	P MILLS, KARL B 8031 SE 187TH TERRACE MIAMI, FL 33189	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	13200 S.W. 84 AVE PINECREST, FL 33156	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		Date: 04/25/05 Daytime Phone #	

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04262005 Chg-P CR2E034 (10/03)