DOCUMENT #P98000016247

1. Entity Name
WIN OPPORTUNITY KNOCKS, INC.

FILED
Jul 13, 2005 8:00 am
Secretary of State
07-13-2005 90014 018 ***150.00

Principal Place of Business	Mailing Address
2420 20TH AVE N SAINT PETERSBURG, FL 33713	2420 20TH AVE N SAINT PETERSBURG, FL 33713

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

07082005 Chg-P CR2E034 (10/03)

4. FEI Number: 59-3494203 — Applied For ☐ / Not Applicable ☐

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BOBO, MICHAEL ~~525 SUWANEE CIRCLE~~ 121 ADALIA AVE TAMPA, FL 33606 TPA FL 33606	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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: _____
Signature, typed or printed name and title of officer. (NOTE: Registered Agent signature required for reinstatement) Date

FILE NOW!!! FEE IS $160.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.103(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND/OR DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEVINSON, SCOTT 4809 WYNWOOD DRIVE TAMPA, FL 33615	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MICHAEL BOBO 121 ADALIA AVE TPA FL 33606 ☐ Change ☒ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASAT LEVINSON, SCOTT 4809 WYNWOOD DRIVE TAMPA, FL 33615	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BOBO, MICHAEL 525 SUWANEE CIRCLE TAMPA, FL 33606	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BOBO, MICHAEL 525 SUWANEE CIRCLE TAMPA, FL 33606	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add

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: Michael Bobo 7/8/05
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Phone Number