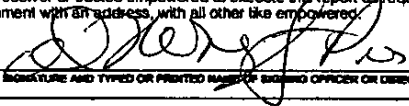


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jun 02, 2008 8:00 am
Secretary of State**

05-02-2008 90115 004 ***150.00

DOCUMENT # P98000038700 1. Entity Name MCKNIGHT PROPERTIES, INC.		
Principal Place of Business 2101 S. ANDREWS AVE #101 FORT LAUDERDALE, FL 33316 US	Mailing Address PO BOX 22888 FORT LAUDERDALE, FL 33335-2888	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MCKNIGHT, D. F. 2101 S. ANDREWS AVE #101 FORT LAUDERDALE, FL 33316		DO NOT WRITE IN THIS SPACE
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 of registered agent and state if applicable. (NOTE: Registered Agent signature required when renewing) DATE _____		
FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKNIGHT, D. F. 2101 S. ANDREWS AVE #101 FORT LAUDERDALE, FL 33316	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKNIGHT-SOBOLEWSKI, SHANNON K 2101 S. ANDREWS AVE #101 FORT LAUDERDALE, FL 33316	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		5-28-08 Date 528 108 8422 1000 Daytime Phone #