

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90010 003 \*\*\*150.00

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01132006 Chg-P CR2E034 (11/05)

DOCUMENT # P98000040040					
1. Entity Name DAVID KNORR, INC.					
Principal Place of Business 427 SAILFISH DRIVE TARPON SPRINGS, FL 34688		Mailing Address 427 SAILFISH DRIVE TARPON SPRINGS, FL 34688			
2. Principal Place of Business 3117 Wolfe Rd Suite, Apt. #, etc.		3. Mailing Address 3117 WOLFE ROAD Suite, Apt. #, etc.			
City & State Clearwater, FL		City & State CLEARWATER FL		4. FEI Number 59-3510190	
Zip 33759		Country		Applied For Not Applicable	
Zip 33759		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KNORR, DAVID P 427 SAILFISH DRIVE TARPON SPRINGS, FL 34688			7. Name and Address of New Registered Agent		
			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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PRES <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KNORR, DAVID P	NAME			
STREET ADDRESS	427 SAILFISH DRIVE 3117 WOLFE ROAD	STREET ADDRESS			
CITY-ST-ZIP	TARPON SPRINGS, FL 34688 CLEARWATER, FL 33759	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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STREET ADDRESS		STREET ADDRESS			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: <i>David P Knorr</i>		President		02/07/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	