2005 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with all

SIGNATURE:

Apr 18, 2005 08:00 AM Secretary of State DOCUMENT # P99000018390 KNOWLEDGE NETWORK LABS, INC. rincipal Place of Business Mailing Address 4048 42ND AVE. N. 4048 42ND AVE. N. ST. PETERSBURG, FL 33714 ST. PETERSBURG, FL 33714 04152005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FE! Number Applied For 59-3563608 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MATOWITZ, FRANK DO NOT WRITE 4048 42ND AVE. N. ST. PETERSBURG, FL 33714 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 (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME MATOWITZ, FRANK 4048 42ND AVE N. STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG, FL 33714 TITLE NAME U00000313529 STREET ADDRESS 04/18/05-80146-009 150.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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

mpowered.

NING OFFICER OR DIRECTOR

FILED