

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P99000100371

1. Entity Name
KNOW-HOW SYSTEMS, INC.



Principal Place of Business
601 CLEVELAND STREET
501-4
CLEARWATER, FL 33755

Mailing Address
1245 JACKSON ROAD
CLEARWATER, FL 33755

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

12042006

Chg-P

CR2E034 (11/05)

4. FEI Number
59-3609076

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PUTNEY, JEFF
1245 JACKSON ROAD
CLEARWATER, FL 33755

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE T
NAME GREENBERG, MARTIN J
STREET ADDRESS 257 W. STOCKER ST. APT. 2
CITY-ST-ZIP GLENDALE, CA 91202

TITLE VP
NAME PUTNEY, JEFF
STREET ADDRESS 1245 JACKSON RD
CITY-ST-ZIP CLEARWATER, FL 33755

TITLE PRES
NAME PARADISO, DONATO
STREET ADDRESS 1128 SUNSET POINT ROAD #405
CITY-ST-ZIP CLEARWATER, FL 33755

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: X JEFF PUTNEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

2006 DEC 14 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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12/14/06--01042--008 **70.00

B 12/15/04

Jeff Putney

6 Dec 06