

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90096 047 ***150.00

DOCUMENT # P99000100371	
1. Entity Name Know-How Systems, Inc	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 222 W. 1st Street ATRIUM 601 Suite, Apt. #, etc. CLEVELAND ST STE 501-4 City & State CLEVELAND CLEARWATER FL Zip 33755 33755		3. Mailing Address SAME Suite, Apt. #, etc. City & State Zip Country	
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DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 59-3609076		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name DONATO PARADISO Street Address (P.O. Box Number is Not Acceptable) 1128 SUNSET POINT ROAD #405 City CLEARWATER FL Zip Code 33755		

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 X DONATO PARADISO - PRES X *[Signature]* FEB 2, 2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DONATO PARADISO 1128 SUNSET POINT RD #405 CLEARWATER FL 33755	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT JEFF PUTNEY 1245 JACKSON RD CLEARWATER, FL 33755	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: DONATO PARADISO X *[Signature]* FEB 2, 2007 727-4610207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #