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

1. Entity Name

## FILED Feb 28, 2008 8:00 am Secretary of State 02-28-2008 90021 009 \*\*\*150.00

| Know-How Systems, I                                | inc  |  |  |   | _   |  |  |  |  |
|--|--|--|--|---|---|--|--|--|--|
| DO N   | OT WRITE   | E IN THIS S  | SPA  | CE  | 400:  | 35192  |  |  |  |
| 2. Principal Place of Business                     |  | 3. Mailing Address                                     |  |   |   |  |  |  |  |
| 1245 Jackson Road<br>Suite, Apt. #, etc.           |  | Suite, Apt. #, etc.                                    |  |   | DO NOT WRITE IN THIS SPACE                                      |  |  |  |  |
| City & State<br>Clearwater, FL                     |  | City & State   |  |   | 4. FEI Number Applied For 59-3609076 Not Applicable             |  |  |  |  |
| Zip<br>33755                                       | Country  | Žip  | Country                                      |   | 5. Certificate of Status Desired \$8.75 Additional Fee Required |  |  |  |  |
|  |  |  | lame and Address of Current Registered Agent |   |   |  |  |  |  |
|  | The state of the s | Name<br>Donato Parad                                   |  |   | tisa  |  |  |  |  |
|  | OO NOT-W   | /RIIE  | ATT I  |   |   | ress (P.O. Box Number is Not Acceptable)       |  |  |  |
|  | NTHISSE  | DACE   |  | 1128Sunset P  | oint Road   | J #405   |  |  |  |
|  |  |  |  |   |   |  |  |  |  |
|  |  |  |  | City  |   |  | EL   | Zip Code   |  |
| 2 -  | The second of the second   |  |  | Clearwater  | <del></del>   | <u>.                                      </u> |  | 33755  |  |
|  |  | statement for the purport<br>and accept the obligation |  |   |   | tice or registered ag                          | ent, or t  | ootn, in the   |  |
| SIGNATURE Signatu                                  | ure, typed or printed name   | of registered agent and title it                       | f applicab                                   | le. (NOTE: Regis  | stered Agent  | signature required when re                     | einstating)  | DATE   |  |
| January 1<br>After M<br>Amen<br>Make Check Payable |  |  |  | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees |   |  |  |  |  |
| 10.  | OFFICERS A   | AND DIRECTORS  | 11.  |   |   |  |  |  |  |
| TITLE  | President  |  | 1,000,000,000,000                            | TLE   |   |  |  |  |  |
| NAME<br>STREET ADDRESS                             | Donato Paradiso 1128 Sunset Point  | Road #405  | \$358° · · · ·                               | AME<br>TREET ADDRES:  | ٠   |  |  |  |  |
| CITY-ST-ZIP  | Clearwater, FL 337   |  | 157515151516-110040                          | ITY-ST-ZIP  |   |  |  |  |  |
| TITLE  | Vice President   |  | 10000  | TLE   |   |  | , de la composition della comp |  |  |
| NAME<br>STREET ADDRESS                             | Jeffery Putney<br>1245 Jackson Road  | ۸  | \$555500 and a                               | AME<br>TREET ADDRES:  |   |  | Angelolo (1907)  |  |  |
| STREET ADDRESS<br>CITY-ST-ZIP                      | Clearwater, FL 337   |  | Library Comments                             | TY-ST-ZIP   | 3   |  |  |  |  |
| TITLE  |  |  | TI.  | TLES / SEE .  |   | est described                                  |  | · A Series Series  |  |
| NAME<br>STREET ADDRESS                             |  |  | \$50000 Sept. 2-10                           | AME<br>TREET ADDRES:  |   |  |  |  |  |
| CITY-ST-ZIP  | -  |  | Section 4.                                   | ITY-ST-ZIP  | 31 41   | DO NOT   | · WF   | RITE: "  |  |
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| NAME<br>STREET ADDRESS                             |  |  | 1200000                                      | AME TREET ADDRES  |   |  |  | 70L  |  |
| CITY-ST-ZIP  |  |  |  | ITY-ST-ZIP  |   |  | aldili ili   |  |  |
| TITLE  | 1  |  |  | TLE SEPTIMENT   |   |  |  |  |  |
| NAME   |  |  | 1885   | AME *   |   |  | 46.00  | *  |  |
| STREET ADDRESS CITY-ST-ZIP                         |  |  | ■ 投送过程的标准                                    | TREET ADDRES:<br>ITY-ST-ZIP   | 5   |  | j.   |  |  |
| TITLE  |  |  |  | TLE   | ACCESS CHARACTERS   |  | 14 m 745 S185 S185 S15; 1  | and the second s |  |
| NAME   | <b>\</b>   |  | THE PERSON NAMED IN COLUMN 1                 | AME   |   |  |  |  |  |
| STREET ADDRESS<br>CITY-ST-ZIP                      |  | And  | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1        | TREET ADDRES  | S   | 10 m   |  | re tre   |  |
|  | L<br>he information supplied v   | with this filing does not qua                          |  | ITY-ST-ZIP he exemption state   | ed in Section   | n 119.07(3)(i), Florida S                      | tatutes. I   | further  |  |
| certify that the inform                            | nation indicated on this re  | eport or supplemental repo                             | ort is true                                  | and accurate and  | that my sig   | nature shall have the sa                       | ame legal  | effect*  |  |
|  |  | director of the corporation ame appears in Block 10 o  |  |   |   |  |  | i <b>by</b>  |  |
| Chapter our, Fluida                                | Statutes, and that my ne   | anne appears in block 10 0                             | и он ан а                                    | Macriment with an   | 1 auu1633, W  | nui an outer tike empowe                       | sieu.  |  |  |
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| SIGNATURE: X                                       | ATURE AND TYPED O  | Donato Parac   |  | OFFICER OR DI   | DECTOR  | 2.11.08  | <del></del>  | 7-4610207  |  |
| SIGN   | ATURE AND TIPED O  | OR PRINTED NAME OF S                                   | IGNING                                       | OFFICER OR DI   | RECTOR  | Date   | Dayu   | ime Phone #  |  |