

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# S62909

FILED
May 19, 2005
Secretary of State**Entity Name:** JAMES D. KNOWLES, INC.**Current Principal Place of Business:**700 E. ATLANTIC BLVD.
102
POMPANO BEACH, FL 33060 US**New Principal Place of Business:****Current Mailing Address:**700 E ATLANTIC BLVD
SUITE 102
POMPANO BEACH, FL 33060 US**New Mailing Address:****FEI Number:** 65-0275423 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**KAMES, KNOWLES D
700 E ATLANTIC BLVD
102
POMPANO BEACH, FL 33060 US**Name and Address of New Registered Agent:**MAXINE, KNOWLES
700 E ATLANTIC BLVD
102
POMPANO BEACH, FL 33060 US

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.

SIGNATURE: MAXINE KNOWLES

05/19/2005

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:****Title:** PST () Delete
Name: JAMES, KNOWLES D
Address: 700 E ATLANTIC BLVD #102
City-St-Zip: POMPANO BEACH, FL 33060**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PST (X) Change () Addition
Name: MAXINE, KNOWLES
Address: 700 E ATLANTIC BLVD #102
City-St-Zip: POMPANO BEACH, FL 33060

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAXINE KNOWLES

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05/19/2005

Electronic Signature of Signing Officer or Director_____
Date