

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F02000006076

FILED
Nov 16, 2004
Secretary of State

Entity Name: KNOW IT, INC.

Current Principal Place of Business:

90 ROWE ST.
AUBURNDALE, MA 02466

New Principal Place of Business:

Current Mailing Address:

90 ROWE ST.
AUBURNDALE, MA 02466

New Mailing Address:

FEI Number: 04-3211166 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

AGENTS AND CORPORATIONS, INC.
SUITE E, 773 4TH AVE. NORTH
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPT () Delete
Name: ROWLES, KELLY G
Address: 90 ROWE ST.
City-St-Zip: AUBURNDALE, MA 02466

Title: D (X) Delete
Name: HARTLEY, JAMES A
Address: 50 GETCHELL WAY
City-St-Zip: CANTON, MA 02021

Title: D (X) Delete
Name: COLWELL, EDWARD J
Address: 50 GETCHELL WAY
City-St-Zip: CANTON, MA 02021

Title: S () Delete
Name: DIVIRGILIO, BRUCE
Address: 66 INDUSTRY AVE.
City-St-Zip: SPRINGFIELD, MA 01104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: DIVIRGILIO, BRUCE
Address: 5 WHIPPLETREE LANE
City-St-Zip: AMHERST, MA 01002

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: KELLY G. ROWLES

CEO

11/16/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date