
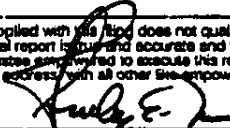


FILED
Mar 18, 2004 8:00 am
Secretary of State

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

03-18-2004 90028 050 ***150.00

DOCUMENT # F99000006281			
1. Entity Name KNOWLEDGE BEGINNINGS CORPORATE SOLUTIONS, INC.			
Principal Place of Business 1250 FOURTH ST. STE 550 SANTA MONICA, CA 90401		Mailing Address 1250 FOURTH ST. STE 550 SANTA MONICA, CA 90401	
2. Principal Place of Business		3. Mailing Address	
Subs. Apt. #, etc.		Subs. Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	Zip Code
8. The above named entity submits true 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. DICTE: Registered Agent signature required when renewing.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	DCEO	<input checked="" type="checkbox"/> Delete	
NAME	PACKARD, RONALD J		
STREET ADDRESS	1250 FOURTH ST., STE 550		
CITY-ST-ZIP	SANTA MONICA, CA 90401		
TITLE	PTD	<input type="checkbox"/> Delete	
NAME	YALOW, ELANNA S		
STREET ADDRESS	4340 REDWOOD HIGHWAY, BLDG. B		
CITY-ST-ZIP	SAN RAFAEL, CA 949032121		
TITLE	SD	<input checked="" type="checkbox"/> Delete	
NAME	DEVINE, FRANK A		
STREET ADDRESS	4340 REDWOOD HIGHWAY, BLDG. B		
CITY-ST-ZIP	SAN RAFAEL, CA 949032121		
TITLE	AS	<input type="checkbox"/> Delete	
NAME	MARON, STANLEY E		
STREET ADDRESS	1250 FOURTH ST., STE 550		
CITY-ST-ZIP	SANTA MONICA, CA 90401		
TITLE	CFO	<input type="checkbox"/> Delete	
NAME	FULLER, MARK		
STREET ADDRESS	4340 REDWOOD HIGHWAY BLDG B		
CITY-ST-ZIP	SAN RAFAEL, CA 949032121		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Heymann, Thomas A.		
STREET ADDRESS	1250 Fourth Street, Suite 550		
CITY-ST-ZIP	Santa Monica, CA 90401		
TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Yalow, Elanna S.		
STREET ADDRESS	4340 Redwood Highway, Bldg. B		
CITY-ST-ZIP	San Rafael, CA 94903		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Finerman, Ralph		
STREET ADDRESS	1250 Furth Street, Suite 550		
CITY-ST-ZIP	Santa Monica, CA 90401		
TITLE	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Maron, Stanley E.		
STREET ADDRESS	1250 Fourth Street, Suite 550		
CITY-ST-ZIP	Santa Monica, CA 90401		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Cohn, Adam		
STREET ADDRESS	1250 Fourth Street, Suite 550		
CITY-ST-ZIP	Santa Monica, CA 90401		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this report does not qualify for the exemption stated in Section 119.07(3)(f), 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 authorized 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 persons empowered.			
SIGNATURE: 		Stanley E. Maron, Secretary	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	