
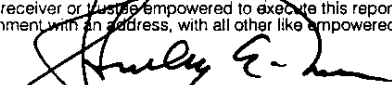


2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 01, 2006 8:00 am**  
**Secretary of State**

02-01-2006 90012 039 \*\*\*150.00

<b>DOCUMENT # F99000006281</b>					
1. Entity Name <b>KNOWLEDGE BEGINNINGS CORPORATE SOLUTIONS, INC.</b>					
Principal Place of Business <b>573 PARK POINT DRIVE GOLDEN, CO 80401</b>			Mailing Address <b>1250 FOURTH ST. STE 550 SANTA MONICA, CA 90401</b>		
2. Principal Place of Business <b>1250 Fourth Street</b>		3. Mailing Address			
Suite, Apt. #, etc. <b>Suite 550</b>		Suite, Apt. #, etc.			
City & State <b>Santa Monica, California</b>		City & State			
Zip <b>90401</b>	Country <b>USA</b>	Zip	Country	4. FEI Number <b>68-0441832</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				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				City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD HEYMANN, THOMAS A 1250 FOURTH ST 6TH FLOOR SANTA MONICA, CA 90401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T Dan R. Jackson 650 NE Holladay, Suite 1400 Portland, ORegon 97232 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YALOW, ELANNA S 4340 REDWOOD HIGHWAY, BLDG. B SAN RAFAEL, CA 949032121 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINERMAN, RALPH 1250 FOURTH ST 5TH FLOOR SANTA MONICA, CA 90401 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARON, STANLEY E 1250 FOURTH ST., STE 550 SANTA MONICA, CA 90401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Maron, Stanley E 1250 Fourth St., Ste 550 Santa Monica, CA 90401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT FULLER, MARK 573 PARK POINT DRIVE GOLDEN, CO 80401 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHN, ADAM 1250 FOURTH STREET, STE 550 SANTA MONICA, CA 90401 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		STANLEY E. MARON, Secretary		1/23/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	