

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000110064

FILED  
Mar 19, 2007  
Secretary of State

Entity Name: KNOWLEDGE-FORGE, INC.

## Current Principal Place of Business:

1830 BOSTON AVENUE  
SUITE E  
LONGMONT, CO 80501

## New Principal Place of Business:

## Current Mailing Address:

1830 BOSTON AVENUE  
SUITE E  
LONGMONT, CO 80501

## New Mailing Address:

FEI Number: 01-0694225      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MALLORY, EARL K  
1907 COMMERCE LANE  
SUITE 104  
JUPITER, FL 334688858 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: T/D ( ) Delete  
Name: JOHANSEN, DOUGLAS G  
Address: 18270 SE FAIRVIEW CIRCLE  
City-St-Zip: TEQUESTA, FL 33469

Title: D ( ) Delete  
Name: FLYNN, JOHN H  
Address: 2870 PHARR COURT SOUTH #1410  
City-St-Zip: ATLANTA, GA 30305

Title: C/D ( ) Delete  
Name: FLYNN, HOWARD  
Address: 1830 BOSTON AVENUE, STE. E  
City-St-Zip: LONGMONT, CO 80501

Title: S/D ( ) Delete  
Name: GERRIOR, STEVEN  
Address: 1830 BOSTON AVENUE, STE. E  
City-St-Zip: LONGMONT, CO 80501

Title: D ( ) Delete  
Name: WOOD, JAMES B  
Address: 16140 MATILIJA  
City-St-Zip: LOS GATOS, CA 95030

Title: P/D ( ) Delete  
Name: NORVELL, DOUGLAS A  
Address: 1830 BOSTON AVENUE  
City-St-Zip: LONGMONT, CO 80501

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition  
Name: FLYNN, JOHN H  
Address: 116 LAUREL POINT  
City-St-Zip: CLEVELAND, GA 30528

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: DOUGLAS A NORVELL

P

03/19/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date