

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001160

FILED
Sep 08, 2004
Secretary of State**Entity Name:** IT'S ALL UP TO YOU! CAREER GROWTH AND PERSONAL DEVELOPMENT INC.**Current Principal Place of Business:**3359 BELVEDERE ROAD
SUITE N
WEST PALM BEACH, FL 33406**New Principal Place of Business:****Current Mailing Address:**3359 BELVEDERE ROAD
SUITE N
WEST PALM BEACH, FL 33406**New Mailing Address:****FEI Number:** 27-0045621**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BOWERS, SHARON L
5830 RAMBLER ROSE WAY
WEST PALM BEACH, FL 33415 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**OFFICERS AND DIRECTORS:****Title:** EXD () Delete
Name: BOWERS, SHARON L
Address: 5830 RAMBLER ROSE WAY
City-St-Zip: WEST PALM BEACH, FL 33415**Title:** P () Delete
Name: YOUNG, LORENZO
Address: 11430 VERONICA S. SHOEMAKER
City-St-Zip: FT. MEYERS, FL 33916**Title:** V () Delete
Name: FAZIO, GINA
Address: 11382 PROSPERITY FARMS ROAD SUITE 228B
City-St-Zip: PALM BEACH GARDENS, FL 33410**Title:** D () Delete
Name: HINSON, DEBRA
Address: 210 SOUTH O STREET #3
City-St-Zip: LAKE WORTH, FL 33460**Title:** S () Delete
Name: AUSTIN, DEBRA
Address: 5830 RAMBER ROSE WAY
City-St-Zip: WEST PALM BEACH, FL 33415**Title:** D () Delete
Name: LEWIS, DIANE
Address: P.O.BOX 11137
City-St-Zip: RIVIERA BEACH, FL 33404**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
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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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON BOWERS

EXD

09/08/2004

Electronic Signature of Signing Officer or Director_____
Date