

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005973

FILED
Mar 28, 2005
Secretary of State

Entity Name: YOU BE YOU, INC.

Current Principal Place of Business:

P O BOX 121253
FORT LAUDERDALE, FL 33312 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 121253
FORT LAUDERDALE, FL 33312 US

New Mailing Address:

FEI Number: 20-1250634 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SMITH, KEONI N
5263 NORTH DIXIE HIGHWAY
C-2
FORT LAUDERDALE, FL 33334 US

Name and Address of New Registered Agent:

MARTIN, ANISSA M
4095 NW 87TH AVENUE
SUNRISE, FL 33351 US

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: ANISSA MARTIN

03/28/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMITH, KEONI N
Address: 5253 NORTHDIXIE HIGHWAY C-2
City-St-Zip: FORT LAUDERDALE, FL 33334 US

Title: VP (X) Delete
Name: MARTIN, ANISSA M
Address: 4095 NW 87TH AVENUE
City-St-Zip: SUNRISE, FL 33351 US

Title: TR () Delete
Name: BALL, NICOLE
Address: 3557 NORTH WEST 33RD STREET
City-St-Zip: LAUDERDALE, FL 33309 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MARTIN, ANISSA M
Address: 4095 NW 87TH AVENUE
City-St-Zip: SUNRISE, FL 33351 US

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 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: ANISSA M. MARTIN

PRES

03/28/2005

Electronic Signature of Signing Officer or Director

Date