

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000589

FILED
Jul 08, 2008
Secretary of State

Entity Name: ALL ABOUT YOUTH, INC

Current Principal Place of Business:

8117 THRASHER AVE.
JACKSONVILLE, FL 32219

New Principal Place of Business:

Current Mailing Address:

8117 THRASHER AVE.
JACKSONVILLE, FL 32219

New Mailing Address:

FEI Number: 20-1360535 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LUSTER, ARDEN L
8057 THRASHER AVE.
JACKSONVILLE, FL 32219 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CARSON, LINDA
Address: 8135 SHRIKE AVE.
City-St-Zip: JACKSONVILLE, FL 32219

Title: AD () Delete
Name: SIMPSON, TODD
Address: 9976 ROSEWOOD GLEN LANE
City-St-Zip: JACKSONVILLE, FL 32219

Title: CEO () Delete
Name: LUSTER, ARDEN
Address: 8057 THRASHER AVE.
City-St-Zip: JACKSONVILLE, FL 32219

Title: SD (X) Delete
Name: WHITE, DENISE A
Address: 11262 SALT POND DR. EAST
City-St-Zip: JACKSONVILLE, FL 32219

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARDEN L. LUSTER

C

07/08/2008

Electronic Signature of Signing Officer or Director

Date