

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003952

FILED  
Jan 28, 2009  
Secretary of State

Entity Name: NOW I GET IT, INC.

## Current Principal Place of Business:

11011 SHERIDAN STREET #303  
COOPER CITY, FL 33026

## New Principal Place of Business:

1150 N. 35TH AVENUE  
SUITE 205  
HOLLYWOOD, FL 33021

## Current Mailing Address:

11011 SHERIDAN STREET #303  
COOPER CITY, FL 33026

## New Mailing Address:

1150 N. 35TH AVENUE  
SUITE 205  
HOLLYWOOD, FL 33021

FEI Number: 26-0259653

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LIGHT, LEAH  
11011 SHERIDAN STREET #303  
COOPER CITY, FL 33026 US

## Name and Address of New Registered Agent:

LIGHT, LEAH  
1150 N. 35TH AVENUE  
SUITE 205  
HOLLYWOOD, FL 33021 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:

01/28/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: LIGHT, LEAH  
Address: 11011 SHERIDAN STREET #303  
City-St-Zip: COOPER CITY, FL 33026

Title: D ( ) Delete  
Name: FERNANDEZ, CHERYL  
Address: 11011 SHERIDAN STREET #303  
City-St-Zip: COOPER CITY, FL 33026

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: LIGHT, LEAH K AU.D.  
Address: 1150 N. 35TH AVENUE  
City-St-Zip: HOLLYWOOD, FL 33021

Title: D (X) Change ( ) Addition  
Name: KRIEGER, MYLES K M.D.  
Address: 1150 N. 35TH AVENUE  
City-St-Zip: HOLLYWOOD, FL 33021

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: MYLES K. KRIEGER

M.D.

01/28/2009

Electronic Signature of Signing Officer or Director

Date