

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001024

FILED
Apr 30, 2009
Secretary of State

Entity Name: ALL ABOUT YOU SERVICES, INC.

Current Principal Place of Business:

6455 RESTLAWN DRIVE
JACKSONVILLE, FL 32208

New Principal Place of Business:

2276 CHEROKEE COVE TRAIL
JACKSONVILLE, FL 32221

Current Mailing Address:

6455 RESTLAWN DRIVE
JACKSONVILLE, FL 32208

New Mailing Address:

2276 CHEROKEE COVE TRAIL
JACKSONVILLE, FL 32221

FEI Number: 39-2070638

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POKE, MARINESA S
2276 CHEROKEE COVE TRAIL
JACKSONVILLE, FL 32221 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: P () Delete
Name: POKE, MARINESA S
Address: 2276 CHEROKEE COVE TRAIL
City-St-Zip: JACKSONVILLE, FL 32221 US

Title: S () Delete
Name: WHITFIELD, KAREN
Address: 5510 BRISTOL BAY LANE N.
City-St-Zip: JACKSONVILLE, FL 32244 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MARINESA POKE

P

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date