2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008938

ELLIS, STEVE

3525 PALMER DRIVE

TITUSVILLE, FL 32780

Name:

Address:

City-St-Zip:

FILED Jan 05, 2009 Secretary of State

Entity Na	me: KNOW F	LORIDA'S BEAUTY, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
1620 ADAI COCOA, F	MSON ROAD FL 32926				
Current Mailing Address:			New Mailing Address:		
1620 ADAI COCOA, F	MSON ROAD FL 32926				
FEI Number	: 26-2621788	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
WEBER, L 1620 ADAI COCOA, F	MSON ROAD	S			
	named entity e of Florida.	submits this statement for the p	ourpose of changing its register	red office or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Agent			ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CD (GELETKO, GE 507 LAKE VIC [*] MELBOURNE,	TORIA CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PORTER, JOH 215 HOLMAN I		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD (MATHENY, JO 355 INDIAN RI' TITUSVILLE, F	VER AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	TD () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: LARRY S. WEBER 01/05/2009 MR