

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 05, 2009
Secretary of State**

DOCUMENT# N08000008938

Entity Name: KNOW FLORIDA'S BEAUTY, INC.

Current Principal Place of Business:

1620 ADAMSON ROAD
COCOA, FL 32926

New Principal Place of Business:

Current Mailing Address:

1620 ADAMSON ROAD
COCOA, FL 32926

New Mailing Address:

FEI Number: 26-2621788 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEBER, LARRY
1620 ADAMSON ROAD
COCOA, FL 32926 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: CD () Delete
Name: GELETKO, GEORGE
Address: 507 LAKE VICTORIA CIRCLE
City-St-Zip: MELBOURNE, FL 32940

Title: VCD () Delete
Name: PORTER, JOHN
Address: 215 HOLMAN ROAD
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: SD () Delete
Name: MATHENY, JOE D
Address: 355 INDIAN RIVER AVENUE
City-St-Zip: TITUSVILLE, FL 32796

Title: TD () Delete
Name: ELLIS, STEVE
Address: 3525 PALMER DRIVE
City-St-Zip: TITUSVILLE, FL 32780

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: LARRY S. WEBER

MR

01/05/2009

Electronic Signature of Signing Officer or Director

_____ Date