

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003844

FILED
May 03, 2004
Secretary of State

Entity Name: IT'S ALL ABOUT YOUTH, INC.

Current Principal Place of Business:

149 NW 15TH CT
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

149 NW 15TH CT
POMPANO BEACH, FL 33060

New Mailing Address:

FEI Number: 31-1663810

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVY, CHARLES
400 E ATLANTIC BLVD.
POMPANO BEACH, FL 33060 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: PD () Delete
Name: MCCRAY, CASSANDRA
Address: 149 NW 15TH CT
City-St-Zip: POMPANO BEACH, FL 33060

Title: VD () Delete
Name: MCALLISTER-REID, VALERIA
Address: 205 LAKE PT DR #204
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: SD () Delete
Name: MCDANIELS, DARNELLA
Address: 2971 NW 24TH ST
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: D () Delete
Name: LEVY, CHARLES
Address: 400 E ATLANTIA BLVD
City-St-Zip: POMPANO BEACH, FL 33060

Title: D () Delete
Name: RUIS, SANDRA
Address: 501 NW 24TH AVE
City-St-Zip: POMPANO BEACH, FL 33060

Title: D () Delete
Name: MCCRAY, LAWAL
Address: 1571 NW 6TH AVE
City-St-Zip: POMPANO BEACH, FL 33060

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:

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 for the exemption stated in Section 119.07(3)(i), 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: CASSANDRA MCCRAY

PD

05/03/2004

Electronic Signature of Signing Officer or Director

Date