

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000030717

FILED  
May 06, 2004  
Secretary of State

Entity Name: YOU NEED TO KNOW, INC.

## Current Principal Place of Business:

60 NE 167TH STREET  
N MIAMI, FL 33162

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 640001  
MIAMI, FL 331640001

## New Mailing Address:

FEI Number: 65-0995266

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SCOTT, CHARLES C II  
60 NE 167TH STREET  
N MIAMI, FL 33162

## 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: COB ( ) Delete  
Name: SCOTT, AKUA  
Address: 60 NE 167TH STREET  
City-St-Zip: N MIAMI, FL 33162

Title: P ( ) Delete  
Name: SCOTT, CHARLES C II  
Address: 60 NE 167TH STREET  
City-St-Zip: N MIAMI, FL 33162

Title: VP ( ) Delete  
Name: WALKER, ALTERMONT  
Address: 20136 NW 32ND PL  
City-St-Zip: MIAMI, FL 33056

Title: S ( ) Delete  
Name: WALKER, QUANDRE D  
Address: 20136 NW 32ND PLACE  
City-St-Zip: MIAMI, FL 33056

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PCEO (X) Change ( ) Addition  
Name: SCOTT, CHARLES C II  
Address: 60 NE 167TH STREET  
City-St-Zip: N MIAMI, FL 33162

Title: VP (X) Change ( ) Addition  
Name: WALKER, ALTERMONT J  
Address: 20136 NW 32ND PL  
City-St-Zip: MIAMI, FL 33056

Title: S (X) Change ( ) Addition  
Name: WALKER, QUANDRE D  
Address: 20136 NW 32ND PLACE  
City-St-Zip: MIAMI, FL 33056

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AKUA B. SCOTT

COB

05/06/2004

Electronic Signature of Signing Officer or Director

Date