

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000030717

1. Entity Name
YOU NEED TO KNOW, INC.



Principal Place of Business

**60 NE 167TH STREET
N MIAMI, FL 33162**

Mailing Address

**PO BOX 640001
MIAMI, FL 33164-0001**



07122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0995266

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

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

10. OFFICERS AND DIRECTORS

TITLE	COB
NAME	SCOTT, AKUA
STREET ADDRESS	60 NE 167TH STREET
CITY-ST-ZIP	N MIAMI, FL 33162
TITLE	PCEO
NAME	SCOTT, CHARLES C II
STREET ADDRESS	60 NE 167TH STREET
CITY-ST-ZIP	N MIAMI, FL 33162
TITLE	VP
NAME	WALKER, ALTERMONT J
STREET ADDRESS	20136 NW 32ND PL
CITY-ST-ZIP	MIAMI, FL 33056
TITLE	S
NAME	WALKER, QUANDRE D
STREET ADDRESS	20136 NW 32ND PLACE
CITY-ST-ZIP	MIAMI, FL 33056
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/21/05-80001-003 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #