

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 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**

DO NOT WRITE IN THIS SPACE



04292007 No Chg-P CR2E034 (11/05)

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
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

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	2DVP
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	

**DO NOT WRITE
IN THIS SPACE**

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05/18/07-80101-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 #

4-30-07