

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000145531

Entity Name: A NEED TO KNOW, INC.

**FILED**  
**Aug 22, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

11542 WELLMAN DR  
RIVERVIEW, FL 33569

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 6134  
BRANDON, FL 33569

**New Mailing Address:**

FEI Number: 13-4270221

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BATTEN, DAVID R  
11542 WELLMAN DR.  
RIVERVIEW, FL 33569 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: D (X) Delete  
Name: KREMER, RICK  
Address: 11542 WELLMAN DR  
City-St-Zip: RIVERVIEW, FL 33569

Title: D (X) Delete  
Name: JENNINGS, VALERIE L  
Address: 11542 WELLMAN DR  
City-St-Zip: RIVERVIEW, FL 33569

Title: P/T ( ) Delete  
Name: BATTEN, DAVID R  
Address: 11542 WELLMAN DR  
City-St-Zip: RIVERVIEW, FL 33569

Title: VP (X) Delete  
Name: ANDREADAKIS, KLEANTHIS N  
Address: 11542 WELLMAN DR.  
City-St-Zip: RIVERVIEW, FL 33569

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: P (X) Change ( ) Addition  
Name: BATTEN, DAVID R  
Address: 11542 WELLMAN DR  
City-St-Zip: RIVERVIEW, FL 33569

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

SIGNATURE: DAVID R BATTEN

P

08/22/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date