


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED  
05-07-2007 90077.039 \*\*\*550.00  
FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*PSC*

DOCUMENT # P05000126241			
1. Entity Name ANSWER FOR YOU, INC.			
Principal Place of Business 122 PUNTA VISTA DRIVE ST. PETE BEACH, FL 33706		Mailing Address 122 PUNTA VISTA DRIVE ST. PETE BEACH, FL 33706	
2. Principal Place of Business - No P.O. Box # 253 41ST AVE.		3. Mailing Address P.O. Box 66414	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ST. PETE BEACH, FL.		City & State ST. PETERSBURG, FL.	
Zip 33706		Zip 33736	
Country PINELLAS		Country PINELLAS	
4. FEI Number 37-1515739		Applied For Not Applicable	
Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent SANTELLA, KAREN 122 PUNTA VISTA DRIVE ST. PETE BEACH, FL 33706		7. Name and Address of New Registered Agent Name HARRINGTON, KAREN Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <i>Karen Santella</i> DATE: 4-20-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SANTELLA, KAREN 122 PUNTA VISTA DRIVE ST. PETE BEACH, FL 33706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HARRINGTON, KAREN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Karen Santella</i>		4-20-07 727-360-9222	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	