2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# P94000049135

Entity Name: IT TAKES SIX, INC.

Current Principal Place of Business:

4710 N.W. 20TH ST.
LAUDERHILL, FL 33313

New Principal Place of Business:

Current Mailing Address:

4710 N.W. 20TH ST.
LAUDERHILL, FL 33313

New Mailing Address:

FEI Number: 65-0540578 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCKENZIE, LETITA
3210 WINDWARD WAY
MIRAMAR, FL 330254295 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CARR, JAMES
Address: 4710 NW 20TH ST
City-St-Zip: LAUDERHILL, FL 33313

Title: VD ( ) Delete
Name: CARR, KEITH
Address: 701 NW 17 STREET
City-St-Zip: POMPANO BEACH, FL 33060

Title: TD ( ) Delete
Name: MCKENIZE, LETITA
Address: 3210 WINDWARD WAY
City-St-Zip: MIRAMAR, FL

Title: D ( ) Delete
Name: CARR, DARRELL
Address: 701 NW 17TH ST
City-St-Zip: POMPANO BEACH, FL 33060

Title: D ( ) Delete
Name: SPENSER, PAMELA
Address: 701 NW 17 STREET
City-St-Zip: POMPANO BCH, FL 33060

Title: D ( ) Delete
Name: GRACE, SHEILA
Address: 5519 MAINSHIP DRIVE
City-St-Zip: GREEN ACRES, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JAMES CARR PD 04/06/2009

Electronic Signature of Signing Officer or Director — Date