

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H53261

FILED
Jan 07, 2009
Secretary of State

Entity Name: YOUTH INVESTMENTS, INC.

Current Principal Place of Business:

L'I'L RASCALS ACADEMY
1911 N. 66TH AVE.
HOLLYWOOD, FL 33024

New Principal Place of Business:

Current Mailing Address:

1121 NW 115 AVENUE
C/O DOUG MILLARD
PLANTATION, FL 33323 US

New Mailing Address:

PO BOX 291447
FT. LAUDERDALE, FL 33329-144 US

FEI Number: 59-2524009

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLARD, DOUGLAS S
1121 NW 115 AVENUE
PLANTATION, FL 33323 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: MILLARD, DOUGLAS S
Address: 1121 NW 115 AVENUE
City-St-Zip: PLANTATION, FL 33323

Title: SD () Delete
Name: MILLARD, BONNIE L
Address: 1121 NW 115 AVENUE
City-St-Zip: PLANTATION, FL 33323

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DOUGLAS MILLARD

PD

01/07/2009

Electronic Signature of Signing Officer or Director

_____ Date