2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N0000002374

FILED Sep 06, 2005 8:00 am Secretary of State 09-06-2005 90137 039 ****61.25

ENAME Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name 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 agent, or both, in the State of Poida. I am familiar with, and acceptable of registered agent, or both, in the State of Poida. I am familiar with, and acceptable of registered agent. SIGNATURE Filling Foe is \$61.25 Due by September 7, 2005 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Florida Department of State NAME BRYANT, DEXTER SR. SIRET MARKES SIRET MARKES SIRET ALBRESS SIRET ALBRESS SIRET ALBRESS SIZE M. CHAPFMAN, EL 33610 Delete TITLE D BRYANT, CHRISTINE SIRET ALBRESS SIRET ALBRESS SIRET ALBRESS SIZE AL	1001101	LION'S YOUTH ORGANIZA	TION, INC.			· •		
Suite Apt # etc	3612 E. MCBERRY ST. 361		3612 E. MCBERRY ST.	3612 E. MCBERRY ST.				
Chy & State Country Zip Country Zip Country Zip Country E.	2. Principal P	lace of Business	3. Mailing Address					
Sp. 3470021 Not Applicable Sp. 3470021 Sp. 59-3470021 Sp. 75-Addition Sp	Suite, Apt. #, etc.		Suite, Apt. #, etc.		06302005 C	ng-NP CR2E0	037 (10/03)	
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The Address (P.O. Box Number is Not Acceptable) 8. The Address (P.O. Box Number is Not Acceptable) 8. The Address (P.O. Box Number is Not Acceptable) 8. The Address (P.O. Box Number is Not Acceptable) 8. The Address (P.O. Box Number is Not Acceptable) 8. The Address (P.O. Box Number is Not Acceptable) 8. The Address (P.O. Box Number is Not Acceptable) 8. The Address of Review agent, or both, in the State of Borida. I am familiar with, and acceptable of right and acceptable of registered agent, or both, in the State of Borida. I am familiar with, and acceptable of Review by September 7, 2005 8. The Address of Review agent, or both, in the State of Borida. I am familiar with, and acceptable of Review agents and the Review agents agent, or both, in the State of Borida. I am familiar with, and acceptable agent, or both, in the State of Borida. I am familiar with, and acceptable agent, or both, in the State of Borida. I am familiar with, and acceptable agent, or both, in the State of Borida. I am familiar with, and acceptable agent, or both, in the State of Borida. I am familiar with, and acceptable agent, or both, in the State of Borida. I am familiar with, and acceptable agent, or both, in the State of Borida. I am familiar with, and acceptable agent, or both, in the State of Borida. I am familiar with, and acceptable agent. 10	City & State		City & State		4. FEI Number 59-347002	4. FEI Number Applied For 59-3470021 Not Applicable		
Name Name Street Address (P.O. Box Number is Not Acceptable)	Zip		·	Country			Fee Require	
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Numb		6. Name and Address of Current	Registered Agent	Name	7. Name and Add	ress of New Registered	l Agent	
TAMPA, FL 33610 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 acceptable of registered agent. SIGNATURE Million to be your or printed name of received agent and tool is sudicable. INOTE Registered Agent surveive required when remaining) DATE	BRYANT,	DEXTER`\$R.		148116				
B. 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. SICNATURE Sicnature State				Street Addr	ress (P.O. Box Number is I	Not Acceptable)		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SICNATURE		•		City		FI	Zip Cod	e
Indicate Property of perfect spend agent and the ill policies Indicate			or the purpose of changing its	registered office or re	gistered agent, or both, in		n familiar with,	and accept
Trust Fund Contribution.	SIGNATURE .	Signature typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered Agent signature r	equired when reinstaling)	DATE		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 10.			1			Be Make check payable to Florida Department of State		
MAKE SIRET ADDRESS GIT-SI-7P TAMPA, FL 33610 D Delete MME BRYANT, CHRISTINE BRYANT, CHRISTINE SIRET ADDRESS CITY-SI-7P TAMPA, FL 33610 D Delete MME BRYANT, CHRISTINE SIRET ADDRESS CITY-SI-7P TAMPA, FL 33610 CITY-SI-7P TAMPA, FL 33610 CITY-SI-7P TAMPA, FL 33610 TITLE MAME SIRET ADDRESS CITY-SI-7P TAMPA, FL 33610 Delete MME SIRET ADDRESS CITY-SI-7P TAMPA, FL 33610 CITY-SI-7P TAMPA, FL 33617 CITY-SI-7P CITY-SI-7P CITLE MAME SIRET ADDRESS CITY-SI-7P TAMPA, FL 33617 CITY-SI-7P CITLE MAME SIRET ADDRESS CITY-SI-7P TAMPA, FL 33617 CITY-SI-7P CITLE MAME SIRET ADDRESS CITY-SI-7P CITY-SI-7P CITLE MAME SIRET ADDRESS CITY-SI-7P CITY-SI-7P CITLE MAME SIRET ADDRESS CITY-SI-7P CITY-SI-7P CITY-SI-7P CITHE CITHE CITRET ADDRESS CITY-SI-7P CITY-SI	D	_			\$5.00 May Be Added to Fees	Make cheo Florida Depa	ck payable to	o tate
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NAME STREET ADDRESS GITY-ST-7IP TAMPA, FL 33617 TITLE NAME STREET ADDRESS GITY-ST-7IP TOTALE NAME STREET ADDRESS GITY-ST-7IP NAME STREET ADDRESS GITY-ST-7IP TOTALE NAME STREET ADDRESS GITY-ST-7IP TOTALE NAME STREET ADDRESS GITY-ST-7IP TOTALE TITLE NAME STREET ADDRESS GITY-ST-7IP TITLE TOTALE	TO. THE MAME STREET ADDRESS GITY-ST-7IP THE NAME STREET ADDRESS	D BRYANT, CHRISTINE 3612 E. MCBERRY ST.	Trust Fund C	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Added to Fees	Florida Depa	DIRECTORS IN Change	tate - 35.5 I 10
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STREET ADDRESS CITY ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	THE MAME STREET ADDRESS GITY-ST-ZIP THE MAME STREET ADDRESS CITY-ST-ZIP THE MAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS	D BRYANT, CHRISTINE 3612 E. MCBERRY ST. TAMPA, FL 33610 D BRYANT, CHRISTINE 3612 E. MCBERRY ST. TAMPA, FL 33610 D BRYANT, CHRISTINE 3612 E. MCBERRY ST. TAMPA, FL 33610 D SMITH, TAMARA 5711 TROY CT. #1-107 TAMPA, FL 33610 D CHAPMAN, BEN 7802 GARRISON ST.	Trust Fund C	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees	Florida Depa	Change Change	Addition

rudicated 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 617, 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:

Daytime Phone #