


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000002374 1. Entry Name YOUNG LION'S YOUTH ORGANIZATION, INC.	
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1st MOORE CR2E037 (10/05)

Principal Place of Business 3612 E. MCBERRY ST. TAMPA FL 33610	Mailing Address 3612 E. MCBERRY ST. TAMPA FL 33610
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-3470021	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BRYANT, DEXTER c SR. 3612 E. MCBERRY ST. TAMPA FL 33610

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 office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete BRYANT, DEXTER SR. 3612 E. MCBERRY ST. TAMPA FL 33610
NAME	BRYANT, CHRISTINE <input type="checkbox"/> Delete
STREET ADDRESS	3612 E. MCBERRY ST.
CITY - ST - ZIP	TAMPA FL 33610
TITLE	D <input type="checkbox"/> Delete SMITH, TAMARA
NAME	5711 TROY CT. #1-107
STREET ADDRESS	TAMPA FL 33610
CITY - ST - ZIP	TAMPA FL 33610
TITLE	D <input type="checkbox"/> Delete CHAPMAN, BEN
NAME	7802 GARRISON ST.
STREET ADDRESS	TAMPA FL 33617
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000508481
CITY - ST - ZIP	04/28/06-80006-014 61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: *[Signature]* President 4-11-06 813 237-3807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #