


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2006 8:00 am
Secretary of State

06-09-2006 90001 026 ****70.00

DOCUMENT # N00000002807	
1. Entity Name SUCSESSES UNLIMITED WOMEN & YOUTH BUSINESS CENTER, INC.	

Principal Place of Business 937 UNION STREET SO. SAINT PETERSBURG, FL 33712	Mailing Address P.O. BOX 16464 SAINT PETERSBURG, FL 33733-6464
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2. Principal Place of Business <i>937 Union Street South</i>	3. Mailing Address <i>P.O. Box 16464</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

05062006 Chg-NP CR2E037 (4/06)

City & State <i>St. Petersburg</i>	City & State <i>St. Petersburg</i>
Zip <i>33712</i>	Country <i>U.S.</i>
Zip <i>33733-6464</i>	Country <i>U.S.</i>

4. FEI Number 59-3610171	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
MCRAE, FREDDIE DR 1099 5TH AVENUE NORTH SUITE 210 SAINT PETERSBURG, FL 33705	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO LASSITER, THERESE A 937 UNION ST. SO. SAINT PETERSBURG, FL 33712 <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	PD TAYLOR, LORETTA 2528 14TH AVE SOUTH SAINT PETERSBURG, FL 33712 <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	VPS NASTASIAK, TOM 1475 75TH CIRCLE NE SAINT PETERSBURG, FL 33702 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>VPS Minnie Killens 1222 21st Ave. So. St. Petersburg, FL 33705</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WINKLER, KATHLEEN 3308 FOXRIDGE CIRCLE TAMPA, FL 33618 <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	BMD VAUGHN-JEMISON, ADELLE 335 MADISON ST SO SAINT PETERSBURG, FL 33711 <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	BMD MILLER, DOROTHEA B 806 15TH AVENUE SLOUTH SAINT PETERSBURG, FL 33701 <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 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: *Theresa A. Lassiter, CEO* 05/11/06 (727) 894-6295
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #