


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90014 030 \*\*\*\*61.25

<b>DOCUMENT # N96000001969</b>					
1. Entity Name PRIDELINES YOUTH SERVICES, INC.					
Principal Place of Business 180 NE 19TH STREET MIAMI, FL 33132			Mailing Address PO BOX 014340 MIAMI, FL 33101-4340		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01092006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number 65-0670159	
				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			7. Name and Address of New Registered Agent		
STEVEN K. BAIRD, P.A. 5981 NE 6TH AVENUE MIAMI, FL 33137			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTIAGO, JOSUE		NAME	SANTIAGO, JOSUE	
STREET ADDRESS	14060 BISCAYNE BLVD #712		STREET ADDRESS	13701 KENDALE LAKES CIR #B301	
CITY-ST-ZIP	MIAMI, FL 33181		CITY-ST-ZIP	MIAMI, FL 33183	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARCIA, CARMEN		NAME	NEWSON, SANDRA	
STREET ADDRESS	1200 NE 92ND STREET		STREET ADDRESS	1511 CORTEZ ST	
CITY-ST-ZIP	MIAMI SHORES, FL 33138		CITY-ST-ZIP	MIAMI FL 331	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIMA, ANTONIO		NAME	SANCHEZ, YANI	
STREET ADDRESS	171 NE 100 ST		STREET ADDRESS	7425 SW 33 ST	
CITY-ST-ZIP	MIAMI, FL 33138		CITY-ST-ZIP	MIAMI, FL 33155	
TITLE		<input type="checkbox"/> Delete	TITLE	<del>D</del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<del>CASTELLANOS, TUDY</del>	
STREET ADDRESS			STREET ADDRESS	<del>2990 VIRGINIA ST</del>	
CITY-ST-ZIP			CITY-ST-ZIP	<del>MIAMI, FL 33133</del>	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	DELGADO, JACKIE	
STREET ADDRESS			STREET ADDRESS	1309 ASTORIA	
CITY-ST-ZIP			CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		<input type="checkbox"/> Delete	TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	CONGDON, HARRY	
STREET ADDRESS			STREET ADDRESS	536 14 ST UNIT #304	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI BEACH, FL 33139	
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: <i>[Signature]</i>		Date: 1/20/06		Daytime Phone #: 305-571-9601	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					