
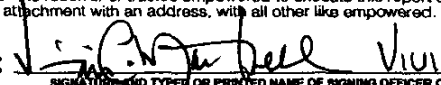


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2007 8:00 am
Secretary of State

06-04-2007 90012 050 ****61.25

DOCUMENT # N96000001969			
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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		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	D SANTIAGO, JOSUE <input checked="" type="checkbox"/> Delete	TITLE	P HARRY Congdon <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTIAGO, JOSUE	NAME	HARRY Congdon
STREET ADDRESS	13701 KENDALE LKS CIR, #B301	STREET ADDRESS	536 14th street, # 304
CITY-ST-ZIP	MIAMI, FL 33183	CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	P NEWSON, SANDRA <input checked="" type="checkbox"/> Delete	TITLE	S Phyllis Littman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEWSON, SANDRA	NAME	Phyllis Littman
STREET ADDRESS	1511 CORTEZ ST	STREET ADDRESS	9370 W. Bay Harbor DR. #5
CITY-ST-ZIP	MIAMI, FL 33138	CITY-ST-ZIP	Bay Harbor Island, FL. 33154
TITLE	S SANCHEZ, YANI <input checked="" type="checkbox"/> Delete	TITLE	MD VIVIAN C. MARTELL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANCHEZ, YANI	NAME	VIVIAN C. MARTELL
STREET ADDRESS	7425 SW 33 ST	STREET ADDRESS	2401 SWANSON AVENUE
CITY-ST-ZIP	MIAMI, FL 33155	CITY-ST-ZIP	MIAMI, FL. 33133
TITLE	D DELGADO, JACKIE <input type="checkbox"/> Delete	TITLE	T NATE BODNER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELGADO, JACKIE	NAME	NATE BODNER
STREET ADDRESS	1309 ASTURIA	STREET ADDRESS	8925 Collins Ave # 9C
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP	Surfside, FL 33154
TITLE	M CONGDON, HARRY <input type="checkbox"/> Delete	TITLE	VP ADAM SLOVE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONGDON, HARRY	NAME	ADAM SLOVE
STREET ADDRESS	536 14TH ST, UNIT 304	STREET ADDRESS	400 ALTON ROAD #710
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	<input type="checkbox"/> Delete	TITLE	M HAL KIDDER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	HAL KIDDER
STREET ADDRESS		STREET ADDRESS	6915 E. BAY DR #15
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI BEACH, FL 33141
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: 		Vivian C. Martell 4/6/07 305 807	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



02082007 Chg-NP CR2E037 (12/06)

7304