


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90023 026 ***150.00

DOCUMENT # P05000032772
 1. Entity Name
 YN HOMES, INC.



Principal Place of Business
 7019 BEARGRASS ROAD
 HARMONY, FL 34773

Mailing Address
 7019 BEARGRASS ROAD
 HARMONY, FL 34773

20007001



2. Principal Place of Business - No P.O. Box #
 1985 Mustang CT
 Suite, Apt. #, etc.

3. Mailing Address
 1985 Mustang CT
 Suite, Apt. #, etc.

03132007 Chg-P CR2E034 (12/06)

City & State
 St. Cloud, FL

City & State
 St. Cloud FL

Zip
 34771

Country
 U.S.A.

Zip
 34771

Country
 U.S.A.

4. FEI Number
 202451644

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 NAZARIO, CARMEN Y
 7019 BEARGRASS ROAD
 HARMONY, FL 34773

7. Name and Address of New Registered Agent
 Name L.L. Professional Services, Inc.
 Street Address (P.O. Box Number is Not Acceptable)
 7661 Currency Drive
 City Delando FL Zip Code 32809

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]* DATE 03/13/2007

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD NAZARIO, CARMEN Y 7019 BEARGRASS ROAD HARMONY, FL 34773 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President NAZARIO, Carmen Y 1985 Mustang CT St. Cloud, FL 34771 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 607, 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]* DATE 3-13-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #