2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED ANNUAL REPORT Mar 23, 2007 08:00 A **DOCUMENT #645865** Secretary of State 1. Entity Name YOUNGER ENTERPRISES, INC. Principal Place of Business Mailing Address 16001 SW PALOMINO STREET PO BOX 1682 INDIANTOWN, FL 34956 INDIANTOWN, FL 34956-9998 02022007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1961268 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent YOUNGER, BRYAN A DO NOT WRITE 16001 SW PALOMINO STREET INDIANTOWN, FL 34956 IN THIS SPACE 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 regulated when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE YOUNGER, BRYAN A NAME STREET ADDRESS 16001 SW PALOMINO STREET CITY-ST-ZIP INDIANTOWN, FL 34956 SD TITLE U00000676136 03/30/07-80047-006 150.00 YOUNGER, NINA R NAME 16001 SW PALOMINO STREET STREET ADDRESS CITY-ST-ZIP INDIANTOWN, FL 34956 TIT! F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 chapted or on an attachment with an address with all other like empowered.

SIGNATURE

STREET ADORESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

3/21/07

772-597-1822

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