2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000400

Entity Name: YOURENCORE, INC.

City-St-Zip:

GREENWOOD, IN 46143

FILED Jan 29, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 20 NORTH MERIDIAN STREET SUITE 802 INDIANAPOLIS, IN 46204 **Current Mailing Address: New Mailing Address:** 20 NORTH MERIDIAN STREET SUITE 802 INDIANAPOLIS, IN 46204 FEI Number: 11-3702862 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NRAI SERVICES, INC 2731 EXECUTIVÉ PARK DR STE 4 WESTON, FL 33331 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition BARNARD, JOHN H BARNARD, JOHN H Name: Name: 3616 NEWHOUSE PLAZA 3616 NEWHOUSE PLACE Address: Address: City-St-Zip: GREENWOOD, IN 46143 City-St-Zip: GREENWOOD, IN 46143 Title: Title: () Delete () Change () Addition Name: BYRUM, WILLIAM H Name: 47 SOUTH ELM STREET Address: Address: ZIONSVILLE, IN 46077 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition LAWSON, BRADLEY W Name: Name: 1289 WEST 136TH STREET Address: Address: City-St-Zip: CARMEL, IN 46032 City-St-Zip: Title: MST () Delete Title: () Change () Addition TICHENOR, TIMOTHY J Name: Name: Address: 3360 YORKSHIRE Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: TIMOTHY J. TICHENOR ST 01/29/2007