


2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Aug 14, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F97000002742</b> 1. Entity Name YOUTH CHALLENGE INTERNATIONAL CORPORATION	
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Principal Place of Business 4626 NE 49TH BLVD. WILDWOOD, FL 34785	Mailing Address 4626 NE 49TH BLVD. WILDWOOD, FL 34785
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08042006 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3165221	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

CAVANAUGH, MARVIN  
4626 NE 49TH BLVD.  
WILDWOOD, FL 34785

**DO NOT WRITE  
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 required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25  
Due by September 6, 2006

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC GONZALEZ, RAUL YCI - PO BOX 320676 HARTFORD, CT 061320676
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CHASSIE, DUANE DR CR 181 4738 NE 49TH BLVD., BOX 880 WILDWOOD, FL 34785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAVANAUGH, MARVIN DR CR 181 4738 NE 49TH BLVD., BOX 880 WILDWOOD, FL 34785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARSON, RICHARD 17 BALD MOUNTAIN RD. SOMERS, CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REV BAILEY, RON 2315-23 GRAND CONCOURSE BRONX, NY 10468
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000574204  
08/14/06-80003-005 70.00

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/7/06 (352)461-7110  
Date Daytime Phone #