

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVAL  
AND  
FILED

06 JAN 31 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # H53261

1. Entity Name  
YOUTH INVESTMENTS, INC.



Principal Place of Business  
LJ'L RASCALS ACADEMY  
1911 N. 66TH AVE.  
HOLLYWOOD, FL 33024

Mailing Address *CL DOUG MILLARD*  
1121 NW 115 AVENUE  
PLANTATION, FL 33323 US



01202006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2524009</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

MILLARD, DOUGLAS S  
1121 NW 115 AVENUE  
PLANTATION, FL 33323

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	MILLARD, DOUGLAS S
STREET ADDRESS	1121 NW 115 AVENUE
CITY - ST - ZIP	PLANTATION, FL 33323

TITLE	SD
NAME	MILLARD, BONNIE L
STREET ADDRESS	1121 NW 115 AVENUE
CITY - ST - ZIP	PLANTATION, FL 33323

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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02/14/06--01049--013 \*\*213.75

**DO NOT WRITE  
IN THIS SPACE**

**K. Eckel FEB 01 2006**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*President*

*1/20/06*

Date

Daytime Phone #