


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000001614
 1. Entity Name
 Y.O.A.M. INC.



Principal Place of Business
 1906 PEPPERWOOD PL
 BRANDON, FL 33510

Mailing Address
 1906 PEPPERWOOD PL
 BRANDON, FL 33510



04132006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
 59-3707283

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

RILEY, PEOLA A
 1906 PEPPERWOOD PL
 BRANDON, FL 33510

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

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RILEY, PEOLA
STREET ADDRESS	1906 PEPPERWOOD PL
CITY-ST-ZIP	BRANDON, FL 33510
TITLE	DV
NAME	RILEY, MARCELLUS
STREET ADDRESS	1906 PEPPERWOOD PL
CITY-ST-ZIP	BRANDON, FL 33510
TITLE	DS
NAME	FUOCO, TAMMEKKA
STREET ADDRESS	1906 PEPPERWOOD PL
CITY-ST-ZIP	BRANDON, FL 33510
TITLE	D
NAME	JACOBS, ONEIKKA
STREET ADDRESS	STATEMAN RD.
CITY-ST-ZIP	BELVOUR, VA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000521292
 05/02/06-80129-006 61.25

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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 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: Peola A Riley Peola A Riley 4/13/06 8137521-5744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #