2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2009
Secretary of State

DOCUMENT# N02000000285

Entity Name: YOUTH SOLUTIONS, INC.

Current Principal Place of Business:

335 EAST B STREET
FROSTPROOF, FL 33843

New Principal Place of Business:

Current Mailing Address:

335 EAST B STREET
FROSTPROOF, FL 33843

New Mailing Address:

FEI Number: 26-0037131 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JOSEPH, JOHN P ESQ
5501-31ST STREET SOUTH
ST PETERSBURG, FL 33712 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	PTD	( ) Delete
Name:	WEATHERHOLT, ROBERT K	
Address:	335 EAST B STREET	
City-St-Zip:	FROSTPROOF, FL 33843	
Title:	VPTD	( ) Delete
Name:	JOSEPH, JOHN	
Address:	5501-301 ST SOUTH	
City-St-Zip:	SAINT PETERSBURG, FL 33712	
Title:	TD	( ) Delete
Name:	MANER, EDWARD	
Address:	3819 LAKEWOOD LN	
City-St-Zip:	LAKELAND, FL 33805	
Title:	TD	( ) Delete
Name:	GREENWAY, TIMOTHY	
Address:	2505 CLAMBED CT.	
City-St-Zip:	MATTHEWS, NC 28105	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT K. WEATHERHOLT PTD 05/22/2009

Electronic Signature of Signing Officer or Director — Date