

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002470

Entity Name: MY BACKYARD, INC.

FILED
Jan 09, 2006
Secretary of State

Current Principal Place of Business:

15650 MIAMI LAKEWAY NORTH
15650 MIAMI LAKEWAY NORTH
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

15650 MIAMI LAKEWAY NORTH
15650 MIAMI LAKEWAY NORTH
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 74-3036348 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DECARREAU, PAM
11511 NW 29 ST
SUNRISE, FL 33323 US

Name and Address of New Registered Agent:

SILLA, DEBRA
6765 MIAMI LAKES DRIVE EAST
APT. # 243
MIAMI LAKES, FL 33014 US

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: DEBRA SILLA

01/09/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SILLA, DEBRA
Address: 6765 MIAMI LAKES DRIVE APT K-243
City-St-Zip: HIALEAH, FL 33014

Title: D () Delete
Name: GRAY-REEVES, REV. MARY
Address: 3590 SW 143 AVE
City-St-Zip: HOLLYWOOD, FL 33029

Title: T () Delete
Name: CHAPMAN, CHERYL
Address: 4984 SW 166 AVE
City-St-Zip: HOLLYWOOD, FL 33027

Title: T () Delete
Name: THOMPSON VARELA, JUDITH
Address: 4352 NW 83RD AVE
City-St-Zip: HIALEAH, FL 33016

Title: T () Delete
Name: AROCA, SANTIAGO
Address: 1300 OBISPO AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: T (X) Delete
Name: DR. DISTON, LORRAINE
Address: 7324 BAY HILL DRIVE
City-St-Zip: MIAMI, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change () Addition
Name: CHAPMAN, CHERYL
Address: 4984 SW 166 AVENUE
City-St-Zip: MIRAMAR, FL 33027

Title: MS. (X) Change () Addition
Name: JOHNSON, PENNI
Address: 910 SW 174TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: DR. (X) Change () Addition
Name: DISTON, LORRAINE
Address: 7324 BAY HILL DRIVE
City-St-Zip: MIAMI, FL 33015

Title: MS. (X) Change () Addition
Name: THOMPSON-VARELA, JUDITH
Address: 14352 NW 83 AVENUE
City-St-Zip: MIAMI LAKES, FL 33016

Title: ESQ. (X) Change () Addition
Name: AROCA, SANTIAGO
Address: 1300 OBISPO AVENUE
City-St-Zip: CORAL GABLES, FL 33134

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERYL CHAPMAN

DR,

01/09/2006

Electronic Signature of Signing Officer or Director

Date