


**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90027 041 \*\*\*\*61.25

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # N02000002470</b>		
1. Entity Name <b>MY BACKYARD, INC.</b>		
Principal Place of Business <b>15650 MIAMI LAKEWAY NORTH 15650 MIAMI LAKEWAY NORTH MIAMI LAKES, FL 33014</b>		Mailing Address <b>15650 MIAMI LAKEWAY NORTH 15650 MIAMI LAKEWAY NORTH MIAMI LAKES, FL 33014</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent <b>SILLA, DEBRA 6765 MIAMI LAKES DRIVE EAST APT. # 243 MIAMI LAKES, FL 33014</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____		
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR. DISTON, LORRAINE 7324 BAY HILL DRIVE MIAMI, FL 33015	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MS. THOMPSON-VARELA, JUDITH 14352 NW 83 AVENUE MIAMI LAKES, FL 33016	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. GROSS, OMAR 6910 MAIN ST APT #151 MIAMI LAKES, FL 33015	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. GONZALEZ, CARLOS 15495 MIAMI LAKEWAY NORTH MIAMI LAKES, FL 33014	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR KAPPS, LEIGH 1411 N.W. 14TH AVE MIAMI, FL 33125	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REV HUDSPETH, DENISE 8901 N.W. 78 ST TAMARAC, FL 33321	
<b>DO NOT WRITE IN THIS SPACE</b>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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: <u>Debra Silla</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>04.27.08</u> <u>305.823.4340</u> Date Daytime Phone