2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007189

Entity Name: YES! OF AMERICA UNITED, INC.

FILED Jan 29, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
4508 STON TAMPA, FL	IEHENGE ROA 33624 US	ND				
Current Mailing Address:				New Mailing Address:		
4508 STONEHENGE ROAD TAMPA, FL 33624 US						
FEI Number: 56-2323534 FEI Number Applied For () FEI Nu			FEI Num	mber Not Applicable () Certificate of Status Desired (X)		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
5331 COMN SUITE 104	ENTO GROUP MERCIAL WAY LL, FL 34607					
The above in the State		ibmits this statement for the pu	rpose of	f changing it	ts registere	ed office or registered agent, or both,
SIGNATURE:						
Electronic Signature of Registered Agent						Date
OFFICERS AND DIRECTORS:				ADDITION	S/CHANG	ES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	EX D () D FORSELL, REBE 4508 STONEHEN TAMPA, FL 3362	IGE ROAD		Title: Name: Address: City-St-Zip:		(X) Change () Addition REBECCA M IEHENGE ROAD 33624
Title: Name: Address: City-St-Zip:	MBR () E STEWART, KARL 4508 STONEHEN TAMPA, FL 3362	IGE ROAD		Title: Name: Address: City-St-Zip:	MBR FORSELL, 4508 STON TAMPA, FL	IEHENGE ROAD
Title: Name: Address: City-St-Zip:	MBR () C CLARK, BRENDA 4508 STONEHEN TAMPA, FL 3362	IGE ROAD		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	MBR () E HEDINGER, CINE 13016 LORNA PL TAMPA, FL 3361	_ACE		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	MBR () Delete BARJA, KATHERINE 11006 N. 61ST. ST TAMPA, FL 33617 US			Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	MBR () E ROVER, CHRIST 5328 WAR ADMI WESLEY CHAPE	RAL DR.		Title: Name: Address: City-St-Zip:		() Change () Addition

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: REBECCA FORSELL E.D. 01/29/2009