2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009463

FILED Feb 08, 2007 Secretary of State

Entity Name: HISPANIC-AMERICAN YOUTH GROUP OF DELTONA, INC.

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 6134 689 DELTONA BLVD DELTONA, FL 32725 DELTONA, FL 32725

Current Mailing Address: New Mailing Address:

P.O. BOX 6134 DELTONA, FL 32728

FEI Number: 20-1286912 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VAZQUEZ, MARITZA 752 WATERFALL CIRCLE DELTONA, FL 32725 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:

Title:

Clastrania Ciarachura of Danistana d'Anant

Title:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

() Delete

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

Title: D () Delete Title: P (X) Change () Addition Name: COMBS, SUZETTE Name: VAZQUEZ, MARITZA
Address: 1157 WILMINGTON DR Address: 752 WATERFALL CIRCLE
City-St-Zip: DELTONA FL 32725 US

City-St-Zip: DELTONA, FL 32725 City-St-Zip: DELTONA, FL 32725 US

 Name:
 PACHECO, DOREEN
 Name:
 COMBS, SUZETTE

 Address:
 1808 E. COOPER DR.
 Address:
 1157 WILMINGTON DR

 City-St-Zip:
 DELTONA, FL 32725
 City-St-Zip:
 DELTONA, FL 32725 US

Name:PATTON, ISABELName:COLLAZO, MARGO DAddress:2520 LOOKOUT POINT ST#107Address:1868 JOYNER DR.City-St-Zip:ORANGE CITY, FL 32763City-St-Zip:DELTONA, FL 32738 US

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: MARITZA VAZQUEZ P 02/08/2007