

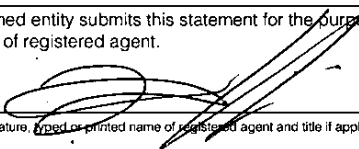
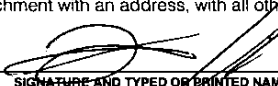


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2005 8:00 am
Secretary of State

07-29-2005 90015 012 ****61.25

| | | | | | |
|---|--|---|---|--|--|
| DOCUMENT # N04000001329 | | | |  | |
| 1. Entity Name YOUNG PROFESSIONALS INC. | | | | | |
| Principal Place of Business 6840 DABNEY STREET FORT MYERS, FL 33912 | | | Mailing Address 6840 DABNEY STREET FORT MYERS, FL 33912 | | |
| 2. Principal Place of Business | | 3. Mailing Address | |  | |
| Suite, Apt. #, etc. | | 12800 University Drive | | 07112005 Chg-NP CR2E037 (10/03) | |
| City & State | | 210 - Suite | | 4. FEI Number | |
| Zip | | City & State | | 605-1231596 | |
| Country | | Fort Myers, FL | | Applied For | |
| Zip | | 33907 | | Not Applicable | |
| Country | | United States | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| SINCLAIR, J. DANIEL 6840 DABNEY STREET FORT MYERS, FL 33912 | | | Name Sinclair, J. Daniel | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | 12800 University Drive | | |
| | | | Suite 210 | | |
| | | | City Fort Myers | | |
| | | | FL | | |
| | | | Zip Code 33907 | | |
| 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  J. Daniel Sinclair 7/19/2005 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SINCLAIR, DAN | | NAME | Sinclair, Dan | |
| STREET ADDRESS | 6480 DABNEY STREET | | STREET ADDRESS | 6840 Dabney St. | |
| CITY-ST-ZIP | FORT MYERS, FL 33912 | | CITY-ST-ZIP | Fort Myers, FL 33912 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROBERTS, DAVE | | NAME | Roberts, Dave | |
| STREET ADDRESS | 6549 KESTREL CIRCLE | | STREET ADDRESS | 6900-29 Daniels Pkwy. # 333 | |
| CITY-ST-ZIP | FORT MYERS, FL 33912 | | CITY-ST-ZIP | Fort Myers, FL 33912 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HANSON, BRANDI | | NAME | Sinclair, Kimberly | |
| STREET ADDRESS | YP NAPLES, PO BOX 118036 | | STREET ADDRESS | 6840 Dabney St. | |
| CITY-ST-ZIP | NAPLES, FL 34108 | | CITY-ST-ZIP | Fort Myers, FL 33912 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MUSELMAN, KELLEY | | NAME | Rivera, Mike Sr. | |
| STREET ADDRESS | YP LEE COUNTY, 6900 DANIELS PARKWAY, A-12 | | STREET ADDRESS | P.O. Box 73 | |
| CITY-ST-ZIP | FORT MYERS, FL 33912 | | CITY-ST-ZIP | Estero, FL 33928 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CIOCCHETTI, MIKE | | NAME | Burt, Thomas | |
| STREET ADDRESS | YP DAYTONA, 444 SEABREEZE BOULEVARD, # 800 | | STREET ADDRESS | 4497 Little River Lane | |
| CITY-ST-ZIP | DAYTONA BEACH, FL 32115 | | CITY-ST-ZIP | Fort Myers, FL 33905 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | | NAME | Wendy White | |
| STREET ADDRESS | | | STREET ADDRESS | 6122-3 Principia Blvd | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | Fort Myers, FL 33919 | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  J. Daniel Sinclair 7/19/2005 (239) 481-4811 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |