

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001329

FILED  
Apr 24, 2006  
Secretary of State

Entity Name: YOUNG PROFESSIONALS INC.

## Current Principal Place of Business:

6840 DABNEY STREET  
FORT MYERS, FL 33912

## New Principal Place of Business:

## Current Mailing Address:

12800 UNIVERSITY DRIVE  
210-SUITE  
FORT MYERS, FL 33907

## New Mailing Address:

FEI Number: 65-1231596

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SINCLAIR, J. DANIEL  
12800 UNIVERSITY DRIVE  
SUITE 210  
FORT MYERS, FL 33907 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SINCLAIR, DAN  
Address: 6840 DABNEY STREET  
City-St-Zip: FORT MYERS, FL 33912

Title: D ( ) Delete  
Name: ROBERTS, DAVE  
Address: 6900-29 DANIELS PKWY # 333  
City-St-Zip: FORT MYERS, FL 33912

Title: D ( ) Delete  
Name: SINCLAIR, KIMBERLY  
Address: 6840 DABNEY STREET  
City-St-Zip: FORT MYERS, FL 33912

Title: D ( ) Delete  
Name: RIVERA, SR, MIKE  
Address: PO BOX 73  
City-St-Zip: ESTERO, FL 33928

Title: D ( ) Delete  
Name: BURT, THOMAS  
Address: 4497 LITTLE RIVER LANE  
City-St-Zip: FORT MYERS, FL 33905

Title: D ( ) Delete  
Name: WHITE, WENDY  
Address: 6122-3 PRINCIPICI BLVD.  
City-St-Zip: FORT MYERS, FL 33919

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: BURT, TOM  
Address: 4497 LITTLE RIVER LN  
City-St-Zip: FORT MYERS, FL 33905

Title: PVD (X) Change ( ) Addition  
Name: SINCLAIR, DAN  
Address: 6840 DABNEY ST  
City-St-Zip: FORT MYERS, FL 33912

Title: D (X) Change ( ) Addition  
Name: QUINTEROS, LIONEL  
Address: PO BOX 100161  
City-St-Zip: CAPE CORAL, FL 33910

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

Title: D (X) Change ( ) Addition  
Name: GONCZY, DAVE  
Address: 15699 LAGUNA HILLS DR  
City-St-Zip: FORT MYERS, FL 33908

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: DAN SINCLAIR

PVD

04/24/2006

Electronic Signature of Signing Officer or Director

Date