

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001329

FILED
Apr 23, 2007
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: PD () Delete
Name: BURT, TOM
Address: 4497 LITTLE RIVER LN
City-St-Zip: FORT MYERS, FL 33905

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

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

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

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

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

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

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

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Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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: J DANIEL SINCLAIR

OFCR

04/23/2007

Electronic Signature of Signing Officer or Director

Date