

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001329

FILED
Apr 29, 2008
Secretary of State

Entity Name: YOUNG PROFESSIONALS INC.

Current Principal Place of Business:

7250 COLLEGE PKWY, SUITE 3
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

7250 COLLEGE PKWY, SUITE 3
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:

NAPLES - LAW DOCK INC
1395 PANTHER LANE
SUITE 300
NAPLES, FL 34109 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: 7250 COLLEGE PKWY, SUITE 3
City-St-Zip: FORT MYERS, FL 33907

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: SINCLAIR, DAN
Address: 7250 COLLEGE PKWY, SUITE 3
City-St-Zip: FORT MYERS, FL 33907

Title: PD (X) Change () Addition
Name: BAUBLIS, CONNIE M
Address: 710 NW 16TH PLACE
City-St-Zip: CAPE CORAL, FL 33993

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

Title: () Change () Addition
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 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: CONNIE M BAUBLIS

PD

04/29/2008

Electronic Signature of Signing Officer or Director

Date