2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005772

FILED Jun 13, 2008 Secretary of State

Entity Name: OUR HERITAGE YOUTH ENRICHMENT SERVICES OH YES!, INC.

Current Principal Place of Business: New Principal Place of Business: 750 SOUTH ORANGE BLOSSOM TRAIL #264 ORLANDO, FL 32805 **New Mailing Address: Current Mailing Address:** 750 SOUTH ORANGE BLOSSOM TRAIL 750 SOUTH ORANGE BLOSSOM TRAIL #264 #264 ORLANDO, FL 32861 ORLANDO, FL 32805 FEI Number: 56-2480353 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LAMAR, LETICIA M 750 SOUTH ORANGE BLOSSOM TRAIL #246 ORLANDO, FL 32805 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete LAMAR, LETICIA M LAMAR, LETICIA M Name: Name: P. O BOX 617525 Address: 6334 SOUTHBRIDGE STREET Address: City-St-Zip: ORLANDO, FL 32861 City-St-Zip: WINDERMERE, FL 34786 Title: () Delete Title: (X) Change () Addition SPRINGER, PHYLLIS Name: SPRINGER, PHYLLIS Name: Address: 2512 CATALINA DRIVE Address: 2512 CATALINA DRIVE City-St-Zip: ORLANDO, FL 32805 City-St-Zip: ORLANDO, FL 32805 Title: DS () Delete Title: () Change () Addition LLOYD, PRICILLA Name: Name: 7202 JONQUIL DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32818 City-St-Zip: (X) Change () Addition Title: DC () Delete Title: Name: BAISDEN, BRENDA Name: BAISDEN, BRENDA 1823 ROCK LAKE DRIVE Address: 1823 ROCK LAKE DRIVE Address: City-St-Zip: ORLANDO, FL 32805 City-St-Zip: ORLANDO, FL 32805 Title: () Delete Title: () Change (X) Addition HALL, GREGG O DR Name: Name: 830 WESTVIEW DR. SW WHEELER HALL, RM 329 Address: Address: City-St-Zip: City-St-Zip: ATLANTA, GA 30314

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: LETICIA M. LAMAR PD 06/13/2008