
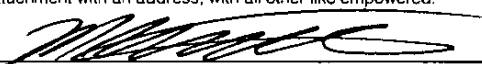


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90236 049 ****61.25

DOCUMENT # N04000008187					
1. Entity Name DAYTONA BEACH YOUNG PROFESSIONALS GROUP, INC.					
Principal Place of Business 444 SEABREEZE BLVD SUITE 800 DAYTONA BEACH, FL 32118		Mailing Address 444 SEABREEZE BLVD SUITE 800 DAYTONA BEACH, FL 32118			
2. Principal Place of Business		3. Mailing Address P.O. Box 15226			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Daytona Beach, FL		4. FEI Number 43-2063522	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
32115	USA	32115	USA	04262006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CIOCCHETTI, MICHAEL 444 SEABREEZE BLVD SUITE 800 DAYTONA BEACH, FL 32118			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
			Zip Code		
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 _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		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	BUTCHER, ROB		NAME	Michael Ciocchetti	
STREET ADDRESS	1801 W. INTERNATIONAL SPEEDWAY BLVD.		STREET ADDRESS	P.O. Box 15226	
CITY-ST-ZIP	DAYTONA BEACH, FL 32129		CITY-ST-ZIP	Daytona Beach, FL 32115	
TITLE	V	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENEDICT, MICHAEL		NAME	Craig Wells	
STREET ADDRESS	640 N. PENINSULA DRIVE		STREET ADDRESS	P.O. Box 15226	
CITY-ST-ZIP	DAYTONA BEACH, FL 32118		CITY-ST-ZIP	Daytona Beach, FL 32115	
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIOCCHETTI, MICHAEL		NAME	Dave Dispennette	
STREET ADDRESS	444 SEABREEZE BLVD. SUITE 800		STREET ADDRESS	P.O. Box 15226	
CITY-ST-ZIP	DAYTONA BEACH, FL 32118		CITY-ST-ZIP	Daytona Beach, FL 32115	
TITLE	S	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAFFER, NICOLE B		NAME	Maja S. Sander	
STREET ADDRESS	P.O. BOX 2835		STREET ADDRESS	P.O. Box 15226	
CITY-ST-ZIP	DAYTONA BEACH, FL 32120		CITY-ST-ZIP	Daytona Beach, FL 32115	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, KEVIN C		NAME		
STREET ADDRESS	600 S. CLYDE MORRIS BLVD		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL 32114		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			Mike Ciocchetti 4/26/06 (386) 253-1111		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		