2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008187

FILED Apr 18, 2007 Secretary of State

Entity Name: DAYTONA BEACH YOUNG PROFESSIONALS GROUP, INC.

Current Principal Place of Business: New Principal Place of Business:

444 SEABREEZE BLVD SUITE 800 DAYTONA BEACH, FL 32118

Current Mailing Address: New Mailing Address:

PO BOX 15226 DAYTONA BEACH, FL 32115

FEI Number: 43-2063522 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CIOCCHETTI, MICHAEL 444 SEABREEZE BLVD SUITE 800 DAYTONA BEACH, FL 32118 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:

Flydrain Complete of Decideral Asset

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P () Delete
 Title:
 P (X) Change () Addition

 Name:
 CIOCCHETTI, MICHAEL
 Name:
 WELLS, CRAIG

 Address:
 PO BOX 15226
 Address:
 PO BOX 15226

City-St-Zip: DAYTONA BEACH, FL 32115 US City-St-Zip: DAYTONA BEACH, FL 32115 US

Title: V () Delete Title: V (X) Change () Addition Name: WELLS, CRAIG Name: WHITE, JACK

 Address:
 PO BOX 15226
 Address:
 PO BOX 15226

 City-St-Zip:
 DAYTONA BEACH, FL 32115 US
 City-St-Zip:
 DAYTONA BEACH, FL 32115 US

Title: T () Delete Title: T (X) Change () Addition

 Name:
 DISPENNETTE, DAVE
 Name:
 BLOSE, GREG

 Address:
 PO BOX 15226
 Address:
 PO BOX 15226

City-St-Zip: DAYTONA BEACH, FL 32115 US City-St-Zip: DAYTONA BEACH, FL 32115 US

Title: S () Delete Title: () Change () Addition

 Name:
 SANDER, MAJA S
 Name:

 Address:
 PO BOX 15226
 Address:

 City-St-Zip:
 DAYTONA BEACH, FL 32115 US
 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: MICHAEL CIOCCHETTI RA 04/18/2007