## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000001448

FILED Apr 11, 2007 Secretary of State

Entity Name: MIKEY YELLAND-CHADWELL FOUNDATION, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	PSEY WAY O, FL 32835				
Current Mailing Address:			New Mailing Addres	New Mailing Address: P.O. BOX 882 GOTHA, FL 347340882	
353 DEMPSEY WAY ORLANDO, FL 32835					
FEI Numbe	r: 20-2328160	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name an	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
353 DEMI	), SHERRY A PSEY WAY O, FL 32835	US			
	e named entity te of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATU		oi- Oi		D.J.	
	Electro	onic Signature of Registered Ag	ent	Date	
OFFICER	RS AND DIREC	CTORS:	ADDITIONS/CHANG	SES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	YELLAND, SH 353 DEMPSE	Y WAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MURPHY, CA 804 HAZEL G	ROVE COURT	Title: Name: Address: City-St-Zip:	( ) Change() Addition	
	D ()	X) Delete	Title:	( ) Change ( ) Addition	
Name: Address:	YELLAND, CA 5320 CHISWI	CK CIRCLE	Name: Address: City-St-Zip:		
Name: Address: City-St-Zip: Title: Name: Address:	YELLAND, CA 5320 CHISWI ORLANDO, FI D ( STEPHANS, N 116 CHAPARI	CK CIRCLE _ 32812 ) Delete //ERRY	Address:	()Change ()Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: City-St-Zip:	YELLAND, CA 5320 CHISWI ORLANDO, FI D ( STEPHANS, M 116 CHAPARI PEBBLE BEA D ( WINSTON, TH 347 DEMPSE	CK CIRCLE  _ 32812  ) Delete  MERRY  RAL RD  CH, CA 93953  ) Delete  HOMAS  Y WAY	Address: City-St-Zip: Title: Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition	

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: SHERRY A YELLAND C 04/11/2007