

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008322

FILED
Mar 21, 2007
Secretary of State

Entity Name: YOUNG PEOPLE AT THEIR BEST, INC.

Current Principal Place of Business:

1025 S. FLAGLER AVENUE
#802
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

1025 S. FLAGLER AVENUE
#802
POMPANO BEACH, FL 33060

New Mailing Address:

FEI Number: 20-2709136

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWAIN-CHEESE, LASHAUNDA S
1025 S. FLAGLER AVENUE
#802
POMPANO BEACH, FL 33060 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: P () Delete
Name: SWAIN-CHEESE, LASHAUNDA S
Address: 1025 S. FLAGLER AVENUE
City-St-Zip: POMPANO BEACH, FL 33060

Title: VP (X) Delete
Name: WILLIAMS, LINDA
Address: 836 NW 10TH AVENUE, #1
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: T () Delete
Name: JEFFERSON, MARY
Address: 1570 NW 3RD WAY
City-St-Zip: POMPANO BEACH, FL 33060

Title: SECY () Delete
Name: WELLS-HARRISON, PHILIPPA S
Address: 600 NW 17TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: LASHAUNDA SWAIN

P

03/21/2007

Electronic Signature of Signing Officer or Director

Date