2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008322

FILED Mar 21, 2007 Secretary of State

Entity Name: YOUNG PEOPLE AT THEIR BEST, INC.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SWAIN-CHEESE, LASHAUNDA S 1025 S. FLAGLER AVENUE #802 POMPANO BEACH, FL 33060 US The above named entity submits this statement for the purpose of changing its registered office or registered agin the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date	Current Principal Place of Business:		s: New Princ	New Principal Place of Business:	
Current Mailing Address: New Mailing Address: 1025 S. FLAGLER AVENUE #802 POMPANO BEACH, FL 33060 FEI Number 20-2709136 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status E Name and Address of Current Registered Agent: Name and Address of New Register		LAGLER AVENUE			
1025 S. FLAGLER AVENUE #802 POMPANO BEACH, FL 33060 FEI Number: 20-2709136 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status D. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: Name and address of New Registered Agent: Name and address of New Registered Ag		O BEACH, FL 33060			
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in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS ANI Title: P () Change () Addition Name: SWAIN-CHEESE, LASHAUNDA S Address: 1025 S. FLAGLER AVENUE Address: City-St-Zip: POMPANO BEACH, FL 33060 Title: VP (X) Delete Title: () Change () Addition Name: WILLIAMS, LINDA Name: WILLIAMS, LINDA Address: City-St-Zip: FT. LAUDERDALE, FL 33311 City-St-Zip: Title: T () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: T () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: T () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: SECY () Delete Title: Name: SECY () Delete Title: Name: Name: WELLS-HARRISON, PHILIPPA S Name: Address: Addr	1025 S. FI #802	LAGLEŘ AVENUE			
Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS ANI 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: City-St-Zip: FT. LAUDERDALE, FL 33311 City-St-Zip: Title: T () Delete Title: VP (X) Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: T () Delete Title: VP () Change () Addition Name: Address: City-St-Zip: Title: T () Delete Title: VP () Change () Addition Name: VP () Delete Title: VP () Change () Addition Name: Name: Name: Name: Address: Address: Address: Address: Address: Address: Address: Address: Address:			statement for the purpose of changing i	its registered office or registered agent, or both	
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS ANI 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 Address: 600 NW 17TH AVENUE Address: 600 NW 17TH AVENUE Title: Name: WELLS-HARRISON, PHILIPPA S Address: 600 NW 17TH AVENUE	SIGNATU	IRE:			
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Name: WILLIAMS, LINDA Name: Address: 836 NW 10TH AVENUE, #1 Address: City-St-Zip: FT. LAUDERDALE, FL 33311 City-St-Zip: Title: T () Delete Title: () Change () Addition Name: JEFFERSON, MARY Name: Address: 1570 NW 3RD WAY Address: City-St-Zip: POMPANO BEACH, FL 33060 City-St-Zip: Title: SECY () Delete Title: () Change () Addition Name: WELLS-HARRISON, PHILIPPA S Name: Address: 600 NW 17TH AVENUE Address:	Name: Address:	SWAIN-CHEÈŚE, LASHAUND/ 1025 S. FLAGLER AVENUE	A S Name: Address:	()Change ()Addition	
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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