


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000005444 1. Entity Name DUKE OF EDINBURGH'S AWARD YOUNG AMERICANS' CHALLENGE, INC.	
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Principal Place of Business 700 NORTH OLIVE AVENUE, #2 WEST PALM BEACH, FL 33401	Mailing Address 700 NORTH OLIVE AVENUE, #2 WEST PALM BEACH, FL 33401
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DO NOT WRITE IN THIS SPACE



01092008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-4909474	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SCHULTZ, AMY E 700 NORTH OLIVE AVENUE, #2 WEST PALM BEACH, FL 33401	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAGKELL, SAMUEL III 4559 PETIT AVE. ENCINO, CA 91436
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HALER, MANLEY H 700 NORTH OLIVE AVENUE, #2 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRIFFIN, LANNY 1275 PENNSYLVANIA AVE. NW WASHINGTON, DC 20004
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DANIELSON, JOHN EMPIRE STE BLDG STE 7506 NEW YORK, NY 10118
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000785593
01/17/08-80006-024 61.25

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:  **MANLEY H. THALER** 1/08/08 5616591183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #