

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008803

FILED  
Apr 30, 2008  
Secretary of State

**Entity Name:** MY BROTHER AND SISTER'S KEEPER INC.

**Current Principal Place of Business:**

3607 N 19TH STREET APT C UNIT 19  
TAMPA, FL 33605

**New Principal Place of Business:**

**Current Mailing Address:**

3607 N 19TH STREET APT C UNIT 19  
TAMPA, FL 33605

**New Mailing Address:**

**FEI Number:** 20-5167890

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOO YOUNG, MARCO  
3605 N 19TH STREET APT C UNIT 19  
TAMPA, FL 33605 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: E ( ) Delete  
Name: MOO YOUNG, MARCO  
Address: 3605 N 19TH STREET APT C UNIT 19  
City-St-Zip: TAMPA, FL 33605

Title: P ( ) Delete  
Name: TAYLOR, RAYMOND  
Address: 9408 GRAYSTONE  
City-St-Zip: THONOTOSASSA, FL 33592

Title: T ( ) Delete  
Name: OWENS, TYECHIA  
Address: 29120 CORD STREET APT A  
City-St-Zip: TAMPA, FL 33605

Title: VP ( ) Delete  
Name: PRAWL, RENEE  
Address: 3607 N19TH STREET UNIT C  
City-St-Zip: TAMPA, FL 33610

Title: S ( ) Delete  
Name: STREATER, KANESHA  
Address: 9408 GRAYSTONE  
City-St-Zip: THONOTOSASSA, FL 33592

**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:

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

I hereby certify that the information supplied with this filing does not qualify 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: MARCO KYLE MOOYOUNG

ED

04/30/2008

Electronic Signature of Signing Officer or Director

Date