2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009447

FILED May 01, 2007 Secretary of State

Entity Name: R & W YOUTH GOSPEL JAMZ EXPLOSION, INC.

Current P	rincipal Place of Business:	New Principal Place of Business:
	ST MCNAB ROAD, SUITE 3 D BEACH, FL 33069	2303 WEST MCNAB ROAD SUITE 3
	,	POMPANO BEACH, FL 33069
Current Mailing Address:		New Mailing Address:
	ST MCNAB ROAD, SUITE 3 O BEACH, FL 33069	2303 WEST MCNAB ROAD SUITE 3 POMPANO BEACH, FL 33069
	: 32-0073151 FEI Number Applied For() F ce with s. 607.193(2)(b), F.S., the corporation did not rec	El Number Not Applicable () Certificate of Status Desired (X) ceive the prior notice.
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
2303 WES	N, ANDRAMEDIA C ST MCNAB ROAD, SUITE 3 D BEACH, FL 33069 US	ROBINSON, ANDRAMEDIA C 2303 WEST MCNAB ROAD SUITE 3 POMPANO BEACH, FL 33069 US
	named entity submits this statement for the purpe of Florida.	ose of changing its registered office or registered agent, or both
SIGNATURE:		05/01/2007
	Electronic Signature of Registered Agent	Date
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO
Title: Name: Address: City-St-Zip:	D () Delete ROBINSON, ANDRAMEDIA C P.O. BOX 601 POMPANO BEACH, FL 33061	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address:	D () Delete JONES, AMY M 1915 SW 4TH COURT	Title: D (X) Change () Addition Name: EVERETTE, KIMBERLY Address: 1601 NW 6TH COURT, APARTMENT 207
City-St-Zip: Title: Name: Address: City-St-Zip:	FORT LAUDERDALE, FL 33312 D () Delete FREEMAN, ELESE 4411 NW 15 ST LAUDERHILL, FL 33313	City-St-Zip: FORT LAUDERDALE, FL 33311 Title: D (X) Change () Addition Name: ROBINSON, BESFANTANETTE T Address: P.O. BOX 601 City-St-Zip: POMPANO BEACH, FL 33061
Title: Name: Address: City-St-Zip:	D (X) Delete ROBINSON, BESFANTANETTE T P.O. BOX 601	Title: () Change () Addition Name: Address:

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: ANDRAMEDIA C. ROBINSON D 05/01/2007