TO BE SENT

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000012198

1. Entity Name
YOUNG MEN STEPPING UP, INC.

FILED
08 OCT 31 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
5127 CARIBBEAN BLVD., APT #521 WEST PALM BEACH, FL 33407	5127 CARIBBEAN BLVD., APT #521 WEST PALM BEACH, FL 33407

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06112008 No Chg-NP CR2E037 (4/06)

4. FEI Number
56-2621537
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GARRETT, ROBERT A
5127 CARIBBEAN BLVD., APT #521
WEST PALM BEACH, FL 33407

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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 _____ DATE
Signature of new registered agent, if changing — NOTE: Registered agent signature required by law

Filing Fee is $61.25
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	O
NAME	GARRETT, ROBERT A
STREET ADDRESS	5127 CARIBBEAN BLVD., APT #521
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	VP
NAME	CAMPBELL, GREG
STREET ADDRESS	600 BANYAN BLVD
CITY-ST-ZIP	WEST PALM BCH, FL 33409
TITLE	ST
NAME	GARRETT, SONYA
STREET ADDRESS	1406 DIVISION AVENUE
CITY-ST-ZIP	WEST PALM BCH, FL 33407
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

08/10/31
200137486502
10/30/08--01037--004 **61.25

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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: Robert Garrett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #