2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006194

Address:

City-St-Zip:

4501 W. MCNAB RD. #19

POMPANO BEACH, FL 33069

FILED Apr 24, 2009 Secretary of State

Entity Name: YOUTH POWER MOVEMENT, INC.						
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
1263 NW 9 MIAMI, FL						
Current Mailing Address:			New Mailing Address:			
PO BOX 38 MIAMI, FL						
FEI Number:	45-0566545	FEI Number Applied For ()	FEI Number Not Appl	licable () Certificate of Status Desired ()	1	
Name and	Address of (Current Registered Agent:	Name and	Address of New Registered Agent:		
PETITHON 1263 NE 99 MIAMI, FL						
The above in the State		submits this statement for the p	ourpose of changing i	ts registered office or registered agent, or b	oth,	
SIGNATUR	RE:					
	Electro	nic Signature of Registered Age	ent	Date		
OFFICERS	AND DIREC	CTORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIREC	TORS:	
Title: Name: Address: City-St-Zip:	P (PETITHOMME 1263 NW 95 S MIAMI, FL 331	iΤ	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	VP (TAYLOR, SEAI 3901 SW 144 MIRAMAR, FL	TERRACE	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	ORTIZ, DARLE	INE PLACE #201	Title: Name: Address: City-St-Zip:	T (X) Change () Addition ROBERTSON, CHADIA PO BOX 380801 MIAMI, FL 33238		
Title: Name: Address: City-St-Zip:	D (ZAPATA, GUIL PO BOX 61278 MIAMI, FL 332	85	Title: Name: Address: City-St-Zip:	D (X) Change () Addition JONES, MARCIA 268 NE 58 TER MIAMI, FL 33137		
Title: Name:	S (LOVINSKY, W) Delete OODLY	Title: Name:	() Change () Addition		

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.

Address:

City-St-Zip:

SIGNATURE: HENRY PETITHOMME Ρ 04/24/2009