2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2010
Secretary of State

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Entity Name: YOUTH AT-RISK NUTRITION, FITNESS & COMMUNITY FOUNDATION, INC.

Current Principal Place of Business:

1234 NE 4TH AVENUE SUITE A
FORT LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

1234 NE 4TH AVENUE SUITE A
FORT LAUDERDALE, FL 33304

New Mailing Address:

FEI Number: 26-1342458 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MATHIEU, JEAN-WILNER MD
1234 NE 4TH AVENUE SUITE A
FORT LAUDERDALE, FL 33304 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: DP
Name: MATHIEU, JEAN-WILNER MD
Address: 1234 NE 4TH AVENUE SUITE A
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: DS
Name: LOUIS-JEAN, ANNECESSE
Address: 8531 NW 47TH CT
City-St-Zip: LAUDERDALE, FL 33351

Title: DS
Name: BERTRAND, KATTELYNE
Address: 4040 NW 91ST TERRACE
City-St-Zip: SUNRISE, FL 33351

Title: DT
Name: MATHIEU, GREGORY
Address: 8003 SW 21ST CT
City-St-Zip: MIRAMAR, FL 33025

Title: DT
Name: MIDY, PARICK
Address: 2022 CLASSIC DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071

I hereby 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 all other like empowered.

SIGNATURE: JEAN-W. MATHIEU D 01/28/2010

Electronic Signature of Signing Officer or Director — Date