2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010875

FILED Mar 25, 2009 Secretary of State

Entity Name: YOUNG INVESTORS CLUBS OF AMERICA, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	/. 9TH LANE KE PINES, FL	33025			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	/. 9TH LANE KE PINES, FL	33025			
FEI Number:	: 38-3771506	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:	
2117 HOLL HOLLYWC The above		0´US	urpose of changing its registere	ed office or registered agent, or both,	
	e of Florida.	·		g	
SIGNATUF					
	Electro	nic Signature of Registered Age	nt	Date	
OFFICERS	S AND DIREC	TORS:	ADDITIONS/CHANG	EES TO OFFICERS AND DIRECTORS:	
Fitle: Name: Address: City-St-Zip:	PERRIN, DORG 10421 S.W. 9T		Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	INGRAM ROOM 3180 SOUTH C) Delete MES, MARY OCEAN DRIVE, #801 BEACH, FL 33009	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address:	CALAZADA, TI 10651 NW 17T	H COURT	Title: Name: Address:	() Change () Addition	
	PLANTATION,	FL 33322	City-St-Zip:		
City-St-Zip: Fitle: Name: Address:) Delete TA I ST.	City-St-Zip: Title: Name: Address: City-St-Zip:	()Change ()Addition	
City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip:	TD (PIEZE, LORET 1811 NW 17TH MIAMI, FL 330) Delete TA I ST. 156) Delete EDWIN DR I AVE.	Title: Name: Address:	() Change () Addition () 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.

SIGNATURE: DOROTHY P. PERRIN	PD	03/25/2009
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