2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 24, 2008 8:00 am Secretary of State

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YOUNG ENTREPRENEURS SOCIETY, INC. 40080326 Mailing Address Principal Place of Business 301 SOUTH TUBB STREET, SUITE G 301 SOUTH TUBB STREET, SUITE G OAKLAND, FL 34760 OAKLAND, FL 34760 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04152008 Chg-NP CR2E037 (12/06) Applied For 4. FEI Number 37-1557637 City & State City & State Not Applicable Country___ \$8.75 Additional__ Country 5. - Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREEN, BRAXTON III Street Address (P.O. Box Number is Not Acceptable) 301 SOUTH TUBB STREET, SUITE G OAKLAND, FL 34760 City Zip Code 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 Make check payable to 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State Due by May 1, 2008 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition Delete TITLE ☐ Change TITLE GREEN, BRETT NAME NAME 301 SOUTH TUBB STREET, SUITE G STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP OAKLAND, FL 34760 ☐ Delete TITEE ☐ Change ☐ Addition TITI F GREEN, BRAXTON JR. NAME STREET ADDRESS 301 SOUTH TUBB STREET, SUITE G STREET ADDRESS CITY-ST-ZIP OAKLAND, FL 34760 CITY-ST-7IP ■ Addition ☐ Delete TITLE Change GREEN, BRAXTON III NAME NAME 301 SOUTH TUBB STREET, SUITE G STREET ADDRESS STREET ADDRESS OAKLAND, FL 34760 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 eath; that I am an officer or director of the corporation or the receiver of 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 arrachment with an address, with all other like empowered.

SIGNATURE