

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 14, 2005
Secretary of State**

DOCUMENT# N13596

Entity Name: YOUTH IN EUROPE, INC.

Current Principal Place of Business:

7620 CARLYLE AVE
#905
MIAMI BEACH, FL 33141

New Principal Place of Business:

Current Mailing Address:

7620 CARLYLE AVE
#905
MIAMI BEACH, FL 33141

New Mailing Address:

FEI Number: 59-2644991 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ATWOOD, CHARLES F., III
111 S.W. 3 ST.
SUITE 102
MIAMI, FL 33130 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 () Delete
Name: FOWLER, LINTON T., S, R.
Address: 7620 CARYLE AVE STE 905
City-St-Zip: MIAMI BEACH, FL

Title: D () Delete
Name: FOWLER, LINTON T., J, R.
Address: 3925 BARBERRY CT.
City-St-Zip: CUMMING, GA 30041

Title: D () Delete
Name: FOWLER, TIMOTHY SCOT, T
Address: 15200 SW 143 AVE
City-St-Zip: MIAMI, FL

Title: ST () Delete
Name: BECKETT, TAMMY
Address: 836 GARDEN CT.
City-St-Zip: PLANTATION, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: FOWLER, LINTON T., S, R.
Address: 7620 CARLYLE AVE STE 905
City-St-Zip: MIAMI BEACH, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LINTON FOWLER

DP

01/14/2005

Electronic Signature of Signing Officer or Director

_____ Date