

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 02, 2007
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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ATWOOD, CHARLES F., III
111 S.W. 3 ST.
SUITE 102
MIAMI, FL 33130 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: LINTON T FOWLER, SR

DP

07/02/2007

Electronic Signature of Signing Officer or Director

Date