


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N46048</b> 1. Entity Name YOUTH OF AMERICA INC.	
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Principal Place of Business 6102 N W 7TH AVENUE MIAMI, FL 33127 US	Mailing Address 6102 N W 7TH AVENUE MIAMI, FL 33127 US
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DO NOT WRITE IN THIS SPACE



03172006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0302877	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  HARDEMON, WALTER 655 N W 48TH STREET MIAMI, FL 33127
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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 Walter Hardeмон / WALTER HARDEMON 3/17/06  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UN00000475984 04/05/06-80038-015 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FINNIE, GENE 1053 N W 65TH STREET MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARDEMON, APRIL 655 N W 48TH STREET MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAD WILLIAMS, WILLIE 1501 N W 55TH STREET MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REEVES, GARTH 90 N W 54TH STREET MIAMI, FL 33148
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DALLEMAND, LESLIE 6102 NW 7 AVE MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gene Finnie / GENE FINNIE PD 3/17/06 (305) 757-8555  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #