2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46048

FILED Apr 13, 2007 Secretary of State

Entity Name: YOUTH OF AMERICA INC.

Current Principal Place of Business: New Principal Place of Business: 6102 N W 7TH AVENUE MIAMI, FL 33127 **Current Mailing Address: New Mailing Address:** 6102 N W 7TH AVENUE MIAMI, FL 33127 FEI Number: 65-0302877 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HARDEMON, WALTER HARDEMON, WALTER 655 N W 48TH STREET 6102 NW 7 AVENUE MIAMI, FL 33127 MIAMI, FL 33127 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: WALTER HARDEMON 04/13/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition FINNIE. GENE Name: Name: Address: 1053 N W 85TH STREET Address: City-St-Zip: MIAMI, FL 33150 City-St-Zip: Title: Title: () Delete () Change () Addition HARDEMON, APRIL Name: Name: Address: 655 N W 48TH STREET Address: City-St-Zip: MIAMI, FL 33127 City-St-Zip: Title: SAD () Delete Title: () Change () Addition WILLIAMS, WILLIE Name: Name: 1501 N W 55TH STREET Address: Address: City-St-Zip: MIAMI, FL 33150 City-St-Zip: Title: () Delete Title: () Change () Addition Name: REEVES, GARTH Name: 90 N W 54TH STREET Address: Address: City-St-Zip: MIAMI, FL 33148 City-St-Zip: Title: Title: () Delete () Change () Addition DALLEMAND, LESLIE Name: Name: 6102 NW 7 AVE Address: Address: City-St-Zip: MIAMI, FL 33127 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: GENE FINNIE PD 04/13/2007