2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N96000005340

Entity Name: FUTURE VISIONS YOUTH DEVELOPMENT INC.

Current Principal Place of Business:

7035 BERACASA WAY
BOCA RATON, FL 33433

New Principal Place of Business:

Current Mailing Address:

PO BOX 335
W ROCKPORT, ME 04865 US

New Mailing Address:

FEI Number: 65-0702168 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS,, FL 33410 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:	C	( ) Delete
Name:	RETAMAR, RICK	
Address:	823 E. HILLSBORO BCH. FLA	
City-St-Zip:	DEERFIELD BCH,, FL 33441	
Title:	D	( ) Delete
Name:	LAMPERI, LAWRENCE	
Address:	7035 S BERACASA WAY	
City-St-Zip:	BOCA RATON, FL 33433	
Title:	D	( ) Delete
Name:	STEVENS, CHARLES I	
Address:	4686 GREAT NORTHERN DR	
City-St-Zip:	JACKSONVILLE, FL 32257	
Title:	D	( ) Delete
Name:	JORTH, BRUCE	
Address:	1555 PALM BEACH LAKES BLVD	
City-St-Zip:	WEST PALM BEACH, FL 33401	
Title:	PD	( ) Delete
Name:	MILLER, DEBORAH S	
Address:	PO BOX 335	
City-St-Zip:	WEST ROCKPORT, ME 04865	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	ISAAC, MICHAEL	
Address:	135-01 224TH STREET	
City-St-Zip:	LAURELTON, NY 11413	
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: DEBORAH MILLER PRES 04/27/2009

Electronic Signature of Signing Officer or Director — Date