



**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2007 08:00 AM
Secretary of State

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| DOCUMENT # N97000004250 | |  |
| 1. Entity Name YOUR PLACE, INCORPORATED | | |
| Principal Place of Business 750- 22ND AVE S SAINT PETERSBURG, FL 33705 US | | Mailing Address 750- 22ND AVE S SAINT PETERSBURG, FL 33705 US |
|  | | |
| 04242007 No Chg-NP CR2E037 (4/06) | | |
| 4. FEI Number 59-3513407 | | 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 | | |
| FLANAGAN, DEBORAH 5909 PELICAN BAY PLAZA SAINT PETERSBURG, FL 33707 | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | B. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP FLANAGAN, DEBORAH 5909 PELICAN BAY PLAZA ST PETERSBURG, FL 33707 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS BROWN, LYDIA 3900-8TH AVENUE SOUTH SAINT PETERSBURG, FL 33711 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT DUCKETT, GREGORY 1500 ALHAMBRA WAY S SAINT PETERSBURG, FL 33705 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV HUDSON, HAZEL M 5997 - 30TH AVENUE NORTH SAINT PETERSBURG, FL 33710 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| 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: <i>Gregory G. Duckett</i> <i>Gregory G. Duckett</i> 5-7-07 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | |