## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000004091

Entity Name: FOCUS VOLITH CENTED II

FILED Apr 27, 2007 Secretary of State

Entity Name: FOCUS YOUTH CENTER, INC. **Current Principal Place of Business: New Principal Place of Business:** 6812 S.W. 34 COURT MIRAMAR, FL 33023 **Current Mailing Address: New Mailing Address:** 6812 SW 34 CT MIRAMAR, FL 33023 FEI Number: 65-1154053 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HERARD, MARIE-CLAUDE 6812 S.W. 34TH CT MIRAMAR, FL 33023 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: () Change () Addition () Delete COLIN, JESSIE Name: Name: 5509 S.W. 113 AVENUE Address: Address: City-St-Zip: COOPER CITY, FL 33330 City-St-Zip: Title: Title: (X) Change ( ) Addition ( ) Delete HUME, STEPHANIE Name: Name: HUME, STEPHANIE Address: 11045 S.W. 168 STREET Address: 11045 S.W. 168 STREET City-St-Zip: MIAMI, FL 33157 City-St-Zip: MIAMI, FL 33157 Title: () Delete Title: (X) Change ( ) Addition ALTEMA, ALIX ALTEMA, ALIX Name: Name: 7351 HARBOUR BLVD. 7351 HARBOUR BLVD. Address: Address: City-St-Zip: MIRAMAR, FL 33023 City-St-Zip: MIRAMAR, FL 33023 Title: **PRES** ( ) Delete Title: () Change () Addition Name: HERARD, MARIE CLAUDE Name: Address: 6812 S.W. 34TH COURT Address: City-St-Zip: MIRAMAR, FL 33023 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: MARIE CLAUDE HERARD PRES 04/27/2007