


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 20 PM 2:28


DOCUMENT # N99000001507
1. Entity Name
YOUTH CRIME WATCH OF FLORIDA, INC.



Principal Place of Business
9200 S. DADELAND BLVD.
SUITE 417
MIAMI, FL 33156

Mailing Address
9200 S. DADELAND BLVD.
SUITE 417
MIAMI, FL 33156

DO NOT WRITE IN THIS SPACE



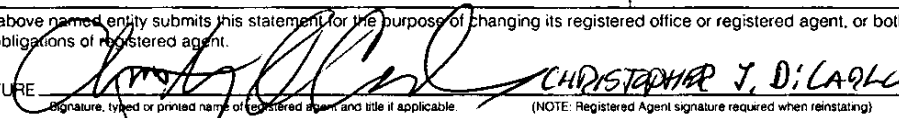
05062008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0933463	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
~~MODGLIN, TERRENCE W~~ CHRISTOPHER J. DiCARLO
9200 SOUTH DADELAND BLVD.
SUITE 417
MIAMI, FL 33156

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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:  CHRISTOPHER J. DiCARLO DATE: 5/12/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

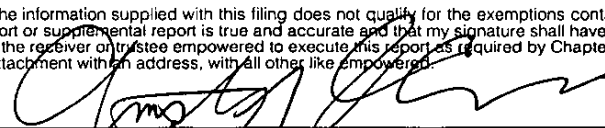
10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MORRIS, MARLIYN
STREET ADDRESS	508 ISLE OF PALMS DR.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	P CHRISTOPHER DiCARLO
NAME	MODGLIN, TERRENCE
STREET ADDRESS	9200 S DADELAND BLVD. STE 417
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	C
NAME	STEWART, GEORGE
STREET ADDRESS	3251 NORTHWEST 93RD TERRACE
CITY-ST-ZIP	OPA LOCKA, FL 30056
TITLE	D
NAME	RUDOFF, GERALD
STREET ADDRESS	9200 SOUTH DADELAND BOULEVARD
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/05/08--01053--012 **70.00

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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Daytime Phone #

5/22/08