


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000005378	
1. Entity Name YES YOU CAN, INC.	

Principal Place of Business 3651 ALLENWOOD STREET SARASOTA, FL 34232	Mailing Address 3651 ALLENWOOD STREET SARASOTA, FL 34232
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DO NOT WRITE IN THIS SPACE



08182006 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0946670	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BURWELL, NINA M 3651 ALLENWOOD STREET SARASOTA, FL 34232	
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IN THIS SPACE**

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 September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURWELL, NINA M 3651 ALLENWOOD STREET SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BETTS, LANDA 1666 BAHIA VISTA SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRATHWAITE, FRANCES 878 HIGHLAND ST. SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: 	8/30/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	