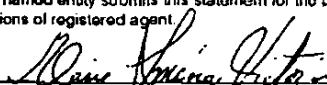
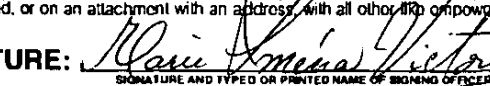


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 06, 2007 8:00 am
Secretary of State

03-27-2007 90015 026 ****61.25

DOCUMENT # N99000005430 1. Entity Name YOUNG HUMANITARIANS INC.			
Principal Place of Business 345 S CONGRESS AVE DELRAY BEACH FL 33445		Mailing Address 8 NORMANDY A DELRAY BEACH FL 33484	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 345 S Congress Ave		3. Mailing Address Suite, Apt. #, etc. 8 Normandy A	
City & State Delray Bch, FL		City & State Delray Bch, FL	
Zip 33445		Zip 33484	
Country Palm Beach		Country Palm Beach	
4. FEI Number NO-T APPLICABLE		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VICTORIAN, MARIE S 2900 NW 42ND AVENUE 101 A BOCA RATON FL 33496		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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:  03-14-07 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agents signature required when re-registering.) DATE			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	LCD VICTORIN, MARIE S 2900 NW 42ND AVE #101A COCONUT CREEK FL 33066	☐ Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	LCD SAHL, MILLIE 7240 HUNTINGTON LN BLC 24 #407 DELRAY BCH FL 33446	☐ Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	LC BALMASEDA, LOUISE 2412 NW 30 TH STREET BOCA RATON FL 33431	☐ Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	LCD SANDOVAL, ANI 3010 SW 21 TERRACE #34A DELRAY BCH FL 33445	☐ Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	C STURMAN, HELEN A 8 NORMANDY A DELRAY BEACH FL 33484	☐ Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	LC MCCARTHY, BARBARA 8659 VIA REALE #3 BOCA RATON FL 33496	☐ Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	LCD Indera Poonai 4870 Docksides Dr. #K Coconut Creek, FL 33063	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 info empowered.			
SIGNATURE: 		Date: 04-03-07	