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	Mailing Address
345 S CONGRESS AVE DELRAY BEACH FL 33445	8 NORMANDY A DELRAY BEACH FL 33484

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. 345 S Congress Ave	Suite, Apt. #, etc. 8 Normandy A
City & State Delray Bch., Fl.	City & State Delray Bch, Fl.
Zip 33445 Country Palm Beach	Zip 33484 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	7. Name and Address of New Registered Agent
VICTORIAN, MARIE S 2900 NW 42ND AVENUE 101 A BOCA RATON FL 33496	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 Marie Yolena Victorian 03-14-07
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LCD VICTORIN, MARIE S 2900 NW 42ND AVE #101A COCONUT CREEK FL 33066	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	LC Indera Poonai 4870 Dockside Dr. #K Coconut Creek, Fl. 33063 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LCD SAHL, MILLIE 7240 HUNTINGTON LN BLC 24 #407 DELRAY BCH FL 33446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LC BALMASEDA, LOUISE 2412 NW 30 TH STREET BOCA RATON FL 33431	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LCD SANDOVAL, ANI 3010 SW 21 TERRACE #34A DELRAY BCH FL 33445	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C STURMAN, HELEN A 8 NORMANDY A DELRAY BEACH FL 33484	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LC MCCARTHY, BARBARA 8859 VIA REALE #3 BOCA RATON FL 33496	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-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 like empowered.

SIGNATURE: Marie Yolena Victorian 04-03-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #