2008 FOR PROFIT CORPORATION ANNUAL REPORT -

FILED Apr 30, 2008 08:00 AM Secretary of State

ANNUAL REPORT				Apr 30, 2008, 08:0				
DOCUMENT # P0000012649 1. Entity Name JAMES SCOTT YOUNG & ASSOCIATES, INC.					- 5	Secreta	ry of St	
Principal Plac 402 SHELBY LIVE OAK, FL	AVE NW 1	failing Address P.O. BOX 952 IVE OAK, FL 32064		· · · · · · · · · · · · · · · · · · ·		i āvimi kimstī, crāca ācti	GIRIN MICHAL MICHEL	
DO NOT WRITE IN THIS SPA			ı					
			CE	04282008 4. FEI Numbe 65-0990		CR2E034 (1	1/05) Applied For Not Applicable	
,				5. Certificate of	of Status Desired	□ \$8.7	5 Additional lequired	
	6. Name and Address of Current Regis	stered Agent		·				
YOUNG, JAMES S 402 SHELBY AVE NW LIVE OAK, FL 32064					NOT W HIS SP			
8. The above the obligation	named entity submits this statement for the ions of registered agent.	purpose of changing its register	ed office or register	ed agent, or both	n, in the State of Flo	rida. I am familia	r with, and accept	
SIGNATURE	Statistics and a country rate of a sixteen agent and the	(Applicable (APOTE Device)						
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent age				.00 May Be ed to Fees		DATE		
10.	OFFICERS AND DIRE	CTORS		1				
THILE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, JAMES S 402 SHELBY AVE NW LIVE OAK, FL 32064					00934308 3-80025-0	17 150.00	
IITLE NAME STREET ADDRESS CITY-ST-ZIP							·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE					
TITLE NAME STREET ADDRESS CITY-S1-ZIP	AE EET ADDRESS			IN THIS SPACE				
NAME STREET ADDRESS CITY-ST-ZIP						6		

12. I hereby certify that the information supplied with this liling 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 teceiver of trustee empowered to execute this report as required by Chapter 607, 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:

NAME
STREET ADDRESS
CITY-ST-ZIP

ATUME AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

4/38/08 386-208-0480