Apr. 30. 2004 12:43PM

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May 05, 2004 8:00 am
Secretary of State
05-05-2004 90252 045 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000074066

1. Entity Name
DENNIS YOUNG & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
800 CELEBRATION AVENUE 228 CELEBRATION, FL 34747	800 CELEBRATION AVENUE 228 CELEBRATION, FL 34747

03012004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
800 CELEBRATION AVENUE	800 CELEBRATION AVENUE
Suite, Apt. #, etc.: STE # 228	Suite, Apt. #, etc.: STE # 228
City & State: CELEBRATION, FL	City & State: CELEBRATION, FL
Zip: 34747 Country: U.S.	Zip: 34747 Country: US

4. FEI Number 59-3666919 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YOUNG, DENNIS F
800 CELEBRATION AVENUE
228
CELEBRATION, FL 34747

7. Name and Address of New Registered Agent

Name: YOUNG DENNIS F
Street Address (P.O. Box Number is Not Acceptable): 800 CELEBRATION AVENUE, STE # 228
City: CELEBRATION FL Zip Code: 34747

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: [signature] Dennis F. Young 4/30/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, DENNIS F 800 CLEBRATION AVE # 228 CELEBRATION, FL 34747 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, DENNIS F. 800 CELEBRATION AVENUE, STE # 228 CELEBRATION FL 34747. ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 exemption stated in Section 119.07(3)(i), 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 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: [signature] Dennis F Young 4/30/04 321-228-7353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #