

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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|---|--|---|
| DOCUMENT # P00000074066 | |  |
| 1. Entity Name DENNIS YOUNG & ASSOCIATES, INC. | | |

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

| | | | |
|--------------------------------|---------------------|-----|---------|
| 2. Principal Place of Business | 3. Mailing Address | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | |
| City & State | City & State | | |
| Zip | Country | Zip | Country |

| | | | |
|---|--|--|----------|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| YOUNG, DENNIS F 800 CELEBRATION AVENUE 228 CELEBRATION, FL 34747 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL | Zip Code |

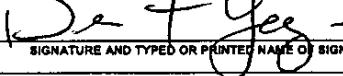
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
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, 2006 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 CELEBRATION AVE # 228 CELEBRATION, FL 34747 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/06 487-566-2205

Daytime Phone #