

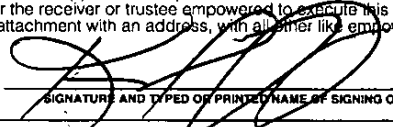


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90112 012 \*\*\*150.00

**50026139**

<b>DOCUMENT # P01000024672</b> 1. Entity Name <b>YOUNG FAMILY HOLDINGS, INC.</b>					
Principal Place of Business <b>5815 SUNCREST DR MIAMI, FL 33156</b>				Mailing Address <b>5815 SUNCREST DR MIAMI, FL 33156</b>	
2. Principal Place of Business <b>12351 Rock Garden Lane</b>		3. Mailing Address <b>12351 Rock Garden Lane</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Miami FL</b>		City & State <b>Miami FL</b>		4. FEI Number <b>65-1084414</b>	
Zip <b>33156</b> Country <b>USA</b>		Zip <b>33156</b> Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>NELSON, BARRY A ESQ 2775 SUNNY ISLE BLVD. STE. 118 MIAMI, FL 33160</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, KENNETH J 5815 SUNCREST DR MIAMI, FL 33156	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>12351 Rock Garden Lane Miami, FL 33156</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MARK, YOUNG 741 TIBIDABO AVEN MIAMI, FL 33143	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7450 S.W. 47th Ct South Miami, FL 33143</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ERECKSON, ROBIN 4787 HIGH GROVE RD. TALLAHASSEE, FL 32307	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 			3/4/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		