

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90986 016 \*\*\*150.00

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<b>DOCUMENT # P01000105301</b> 1. Entity Name YOUNG S. CORPORATION					
Principal Place of Business 6429 WINDER OAKS BLVD ORLANDO, FL 32819			Mailing Address 6429 WINDER OAKS BLVD ORLANDO, FL 32819		
2. Principal Place of Business 2409 W. SR 434 Suite, Apt. #, etc.		3. Mailing Address 9334 Westover club Cir Suite, Apt. #, etc.			
City & State Longwood, FL Zip 32779 Country		City & State Windermere, FL Zip 34786 Country		4. FEI Number 59-3753519 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04262005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  IM, SEON B 6429 WINDER OAKS BLVD ORLANDO, FL 32819			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DPT IM, SEON B 6429 WINDER OAKS BLVD ORLANDO, FL 32819	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS IM, YOUNG S 6429 WINDER OAKS BLVD ORLANDO, FL 32819	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT IM, SEON B. 9334 Westover club Cir Windermere, FL 34786	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS Im. Young S. 9334. Westover club Cir Windermere, FL 34786	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS Im. Young S. 9334. Westover club Cir Windermere, FL 34786	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS Im. Young S. 9334. Westover club Cir Windermere, FL 34786	<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: <u>Seon Bur Kim</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-29-05 (407) 862-3962 Date Daytime Phone #		