


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000043060 1. Entity Name B YOUNGER, INC		
Principal Place of Business 450 S GERONIMO ST, UNIT 105 DESTIN, FL 32550		Mailing Address 450 S GERONIMO ST, UNIT 105 DESTIN, FL 32550
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent COETZEE, JOHANNES H 450 S GERONIMO ST, UNIT 105 DESTIN, FL 32550		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		U000000668799 03/27/07-80046-007 150.00
TITLE	D	DO NOT WRITE IN THIS SPACE
NAME	COETZEE, JOHANNES H	
STREET ADDRESS	450 S. GERONIMO STREET #105	
CITY - ST - ZIP	MIRAMAR BEACH, FL 32550	
TITLE		
NAME		
STREET ADDRESS		DO NOT WRITE IN THIS SPACE
CITY - ST - ZIP		
TITLE		
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TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ <small>Date</small>



03122007 No Chg-P CR2E034 (11/05)

4. FEI Number 75-2798933	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

3/12/07 (150) 627-3338