2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000069555

City-St-Zip:

BOKEELIA, FL 33922

Entity Name: YOUNGBLOOD SANITATION, INC.

FILED Mar 20, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: P.O. BOX 4091 6261 POLING LN N FT MYERS, FL 33918 N FT MYERS, FL 33918 **Current Mailing Address: New Mailing Address:** P.O. BOX 4091 N FT MYERS, FL 33918 FEI Number: 01-0733186 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: YOUNGBLOOD, RONALD E 6261 POLING LN N FT MYERS, FL 33917 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition YOUNGBLOOD, RONALD E YOUNGBLOOD, RONALD E Name: Name: P.O. BOX 4091 PO BOX 4091 Address: Address: City-St-Zip: N FT MYERS, FL 33918 City-St-Zip: N FT MYERS, FL 33918 Title: Title: () Delete () Change () Addition Name: YOUNGBLOOD, PHILLIP E Name: 20301 HASKINS RD Address: Address: N FT MYERS, FL 33917 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition YOUNGBLOOD, MATTHEW J Name: Name: 1708 SE 2ND TERR. Address: Address: City-St-Zip: CAPE CORAL, FL 33990 City-St-Zip: Title: () Delete Title: () Change () Addition TRAUB, DANIEL G Name: Name: Address: 5462 AVE. B Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: RONALD E YOUNGBLOOD PRES 03/20/2007