


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90222 015 \*\*\*150.00

<b>DOCUMENT # P02000110830</b>	
1. Entity Name <b>YACOUT, INC.</b>	

Principal Place of Business <b>420 PARK PLACE BLVD. SUITE 100 CLEARWATER FL 33759</b>	Mailing Address <b>420 PARK PLACE BLVD. SUITE 100 CLEARWATER FL 33759</b>
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2. Principal Place of Business <b>630 Chestnut St.</b>	3. Mailing Address <b>630 Chestnut St.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Clearwater, FL</b>	City & State <b>Clearwater, FL</b>
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Zip <b>33756</b>	Country <b>USA</b>	Zip <b>33756</b>	Country <b>USA</b>
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1st MOORE CR2E034 (10/04)

4. FEI Number <b>37-1448573</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>HUBBART, KEVIN J ESQ. 420 PARK PLACE BLVD. SUITE 100 CLEARWATER FL 33759</b>		
7. Name and Address of New Registered Agent Name <b>Lynn Matthews</b> Street Address (P.O. Box Number is Not Acceptable) <b>630 Chestnut St.</b> City <b>Clearwater</b> <b>FL</b> Zip Code <b>33756</b>		

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 *Lynn Matthews* / *Lynn Matthews* DATE *4/20/05*  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ADIB, KARIM</b> <b>420 PARK PLACE BLVD., SUITE 100</b> <b>CLEARWATER FL 33759</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>630 Chestnut St.</b> <b>Clearwater, FL 33756</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>CHAFIK- EL OUZZANI, YOUSSEF</b> <b>420 PARK PLACE BLVD., SUITE 100</b> <b>CLEARWATER FL 33759</b> <input checked="" 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
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: *[Signature]* **4/20/05** **727-642-8871**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #