## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000000568

FILED Feb 19, 2009 Secretary of State

Entity Name: YOUNG, FARR, DANIELS AND YOUNG PATENT CONSULTING, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1201 LOST CREEK CT 3832 VIRGA BLVD OSPREY, FL 34229 SARASOTA, FL 34233 US **Current Mailing Address: New Mailing Address:** 1201 LOST CREEK CT 3832 VIRGA BLVD OSPREY, FL 34229 US SARASOTA, FL 34233 US FEI Number: 47-0916212 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: YOUNG, JULIUS YOUNG, JULIUS 1201 LOST CREEK CT 3832 VIŔGA BLVD OSPREY, FL 34229 SARASOTA, FL 34233 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: 02/19/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition Title: ( ) Delete Title: YOUNG, JULIUS YOUNG, JULIUS Name: Name: 1201 LOST CREEK CT 3832 VIRGA BLVD Address: Address: SARASOTA, FL 34233 US City-St-Zip: OSPREY, FL 34229 US City-St-Zip: Title: Title: (X) Change ( ) Addition () Delete Name: YOUNG, CARLA D Name: YOUNG, CARLA D 1201 LOST CREEK CT 3832 VIRGA BLVD Address: Address: OSPREY, FL 34229 SARASOTA, FL 34233 City-St-Zip: City-St-Zip: Title: ( ) Delete Title: () Change () Addition FARR, LESLIE Name: Name: 221 SENIC VIEW LANE Address: Address: City-St-Zip: STONE MOUNTAIN, GA 30087 US City-St-Zip: Title: () Delete Title: () Change () Addition DANIELS, ROBERT Name: Name: Address: 16 VALLEY VIEW RD Address: City-St-Zip: MORRISTOWN, NJ 07960 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: JULIUS YOUNG P 02/19/2009