


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000029821		
1. Entity Name YAYN CORP		

FILED

04 OCT 25 AM 8:39

Principal Place of Business 6261 SW 8 PLACE N. LAUDERDALE, FL 33068	Mailing Address 6261 SW 8 PLACE N. LAUDERDALE, FL 33068
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03/24/04 9:00:45 046 150.0

SECRETARY OF STATE
FLORIDA



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03172004 Chg-P CR2E034 (10/03)

4. FEI Number 42-1580705		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent JOHNSON, JOHN A 6261 SW 8 PLACE N. LAUDERDALE, FL 33068		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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	P.VP JOHNSON, JOHN A MR 6261 SW 8 PLACE N. LAUDERDALE, FL 33068 <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
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/04 (952) 650-2183

YAYN CORP
5300 Powerline Rd.# 201
Fort Lauderdale, FL 33309

October 25, 2004

Attn: Tyrone Scott
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

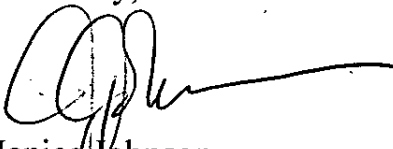
Re: Notice of Dissolution or Revocation
YAYN CORP – Doc# P03000029821
FEI # :42-1580705

Dear Mr. Scott:

Our annual report was sent to your office on 3/17/04. Our check for \$150.00 submitted was cashed on 3/30/04. We responded in July to show proof of payment and noted change of address. No mailed was received in July for additional notices regarding YAYN

Attached is a copy of the annual report submitted. The tax ID (FEI#) is noted on the form. Please waive all late fees and reinstate our company to current. Thank you and we appreciate the help you have shown our company.

Sincerely,



Janice Johnson