2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 14, 2007 08:00 AM **DOCUMENT # P03000119588 Secretary of State** 1. Entity Name JARVIS LEE YOUNG, INC. Principal Place of Business Mailing Address 110 GRIFFIN DRIVE **400 FRIDAY ROAD** UNIT 12-262 COCOA, FL 32926 US COCOA, FL 32926 CR2E034 (11/05) 03102007 No Chg-P DO NOT WRITE IN THIS SPAC Applied For 4. FEI Number 56-2413425 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent YOUNG, JARVIS L DO NOT WRITE **400 FRIDAY ROAD** COCOA, FL 32926 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIJI FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME YOUNG, JARVIS L STREET ADDRESS 400 FRIDAY ROAD CITY-ST-ZIP COCOA, FL 32926 VP TITLE YOUNG, SUSAN E NAME U00000665798 STREET ADDRESS **400 FRIDAY ROAD** CITY-ST-ZIP COCOA, FL 32926 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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

CITY-ST-7P

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEROR DIRECTOR

321-636-8803

FILED