


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90065 048 ***158.75

DOCUMENT # P03000124650 1. Entity Name YOUTH INVESTMENTS TRANSPORTATION CORP.	
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Principal Place of Business 6550 SW 39TH STREET DAVIE, FL 33314	Mailing Address 6550 SW 39TH STREET DAVIE, FL 33314 1121 NW 115TH AVE Plantation FL 33323
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01202006 No Chg-P CR2E034 (11/05)

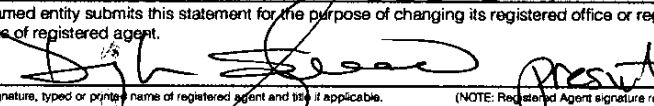
DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0370069	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MORRIS, STUART R 7000 W. PALMETTO PARK ROAD SUITE 310 BOCA RATON, FL 33433 DOUGLAS MILLARD 1121 NW 115TH AVE Plantation FL 33323

**DO NOT WRITE
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:  DATE: 1/20/06


Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MILLARD, DOUG 1121 NW 115TH AVE PLANTATION, FL 33323
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MILLARD, MICHAEL 1536 SW 98TH LANE DAVIE, FL 33324
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MILLARD, BONNIE 1121 NW 115TH AVE PLANTATION, FL 33323
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  DATE: 1/20/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR