

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000038370

FILED
May 01, 2006
Secretary of State

Entity Name: YSM EVENT PLANNING & CONSULTING, INC.

Current Principal Place of Business:

8745 PINE VALLEY LN
JACKSONVILLE, FL 32244

New Principal Place of Business:

11042 LYDIA ESTATES DRIVE E.
JACKSONVILLE, FL 32218

Current Mailing Address:

8745 PINE VALLEY LN
JACKSONVILLE, FL 32244

New Mailing Address:

P.O. BOX 8565
FLEMING ISLAND, FL 32006

FEI Number: 20-0900696

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMID, MONIQUE C
8745 PINE VALLEY LN
JACKSONVILLE, FL 32244 US

Name and Address of New Registered Agent:

HAMID, MONIQUE C
11042 LYDIA ESTATES DRIVE E.
JACKSONVILLE, FL 32218 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: MONIQUE C. HAMID

05/01/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: HAMID, MONIQUE C
Address: 8745 PINE VALLEY LN
City-St-Zip: JACKSONVILLE, FL 32244

Title: P () Delete
Name: CARTER, SABRINA
Address: 11042 LYDIA ESTATES DR E
City-St-Zip: JACKSONVILLE, FL 32218

Title: V () Delete
Name: PLUMMER, CHANDRA Y
Address: 5658 WOLF CREEK DR
City-St-Zip: JACKSONVILLE, FL 32222

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: HAMID, MONIQUE C
Address: 11042 LYDIA ESTATES DRIVE E
City-St-Zip: JACKSONVILLE, FL 32218

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MONIQUE C. HAMID

S

05/01/2006

Electronic Signature of Signing Officer or Director

Date