2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Mar 01, 2006 08:00 AN DOCUMENT # P04000068359 **Secretary of State** 1. Entity Name Y.E.S. ENTERPRISE GROUP INC Principal Place of Business Mailing Address 1560 SUGARBERRY ST 1560 SUGARBERRY ST NAPLES, FL 34117 NAPLES, FL 34117 02222006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-1058315 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent ESPINACO, YOAN DO NOT WRITE 1560 SUGARBERRY ST NAPLES, FL 34117 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 lamiliar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if app 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. P.D TITLE ESPINACO, YOAN 1560 SUGARBERRY ST STREET ADDRESS NAPLES, FL 34117 City-St-Zip U00000452163 03/11/06-80015-022 150.00 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-SI-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7/P 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-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT