

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000101682

Entity Name: YOUR OFFICE, INC.

FILED
Mar 31, 2006
Secretary of State

Current Principal Place of Business:

C/O LEROY WATKINS
6193 ROCK ISLAND ROAD, #306
TAMARAC, FL 33319 US

New Principal Place of Business:

Current Mailing Address:

C/O LEROY WATKINS
6193 ROCK ISLAND ROAD, #306
TAMARAC, FL 33319 US

New Mailing Address:

FEI Number: 20-1359939

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERNANDER, KEVIN A ESQ
C/O TRIPP SCOTT, P.A.
110 SE 6TH STREET, 15TH FLOOR
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: WATKINS, LEROY
Address: 6193 ROCK ISLAND ROAD, #306
City-St-Zip: TAMARAC, FL 33319 US

Title: DVPS () Delete
Name: WILLIAMS, CHARLES S
Address: 609 NW 28TH STREET
City-St-Zip: WILTON MANORS, FL 33311 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D () Change (X) Addition
Name: FERNANDER, KEVIN A ESQ
Address: 6193 ROCK ISLAND ROAD #306
City-St-Zip: TAMARAC, FL 33319 US

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: CHARLES S WILLIAMS

DVPS

03/31/2006

Electronic Signature of Signing Officer or Director

_____ Date