2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2009
Secretary of State

DOCUMENT# P04000101682

Entity Name: YOUR OFFICE, INC.

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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 03/13/2009

Electronic Signature of Signing Officer or Director — Date