
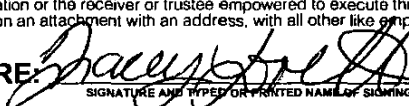


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2008 8:00 am**  
**Secretary of State**

05-16-2008 90018 009 \*\*\*150.00

<b>DOCUMENT # P0400011227</b> 1. Entity Name <b>YAMEY, INC.</b>																																																																																													
Principal Place of Business <b>13 SOUTH MAGNOLIA AVE SUITE B ORLANDO, FL 32801</b>			Mailing Address <b>13 SOUTH MAGNOLIA AVE SUITE B ORLANDO, FL 32801</b>																																																																																										
2. Principal Place of Business - No P.O. Box # <b>555 Winderley Place</b> Suite, Apt. #, etc. <b>300</b>		3. Mailing Address <b>555 Winderley Place</b> Suite, Apt. #, etc. <b>ste 300</b>																																																																																											
City & State <b>Maitland, Florida</b>		City & State <b>Maitland, Florida</b>																																																																																											
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4. FEI Number <b>35-2234916</b>			Applied For <input type="checkbox"/> Not Applicable																																																																																										
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>																																																																																										
6. Name and Address of Current Registered Agent  <b>DUCHEMIN, ROBERT A SR. 123 ZELMA STREET ORLANDO, FL 32803</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																										
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE																																																																																													
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			<b>\$5.00 May Be Added to Fees</b>																																																																																										
<div style="display: flex;"> <div style="flex: 1;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 85%;">P LOVETT, TRACEY <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LOVETT, TRACEY</td> </tr> <tr> <td>STREET ADDRESS</td> <td>13 SOUTH MAGNOLIA AVENUE, SUITE B</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO, FL 32801</td> </tr> <tr> <td>TITLE</td> <td>VP <input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RANDOLPH, KAREN L</td> </tr> <tr> <td>STREET ADDRESS</td> <td>13 SOUTH MAGNOLIA AVENUE, SUITE B</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO, FL 32801</td> </tr> <tr> <td>TITLE</td> <td>S <input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RANDOLPH, KAREN L</td> </tr> <tr> <td>STREET ADDRESS</td> <td>13 SOUTH MAGNOLIA AVENUE, SUITE B.</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO, FL 32801</td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 85%;">P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Lowett, Tracey</td> </tr> <tr> <td>STREET ADDRESS</td> <td>555 Winderley Place Ste 300</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Maitland, FL 32751</td> </tr> <tr> <td>TITLE</td> <td>S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Weaver, David</td> </tr> <tr> <td>STREET ADDRESS</td> <td>555 Winderley Place Ste 300</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Maitland, Florida 32751</td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table> </div> </div>						TITLE	P LOVETT, TRACEY <input type="checkbox"/> Delete	NAME	LOVETT, TRACEY	STREET ADDRESS	13 SOUTH MAGNOLIA AVENUE, SUITE B	CITY-ST-ZIP	ORLANDO, FL 32801	TITLE	VP <input checked="" type="checkbox"/> Delete	NAME	RANDOLPH, KAREN L	STREET ADDRESS	13 SOUTH MAGNOLIA AVENUE, SUITE B	CITY-ST-ZIP	ORLANDO, FL 32801	TITLE	S <input checked="" type="checkbox"/> Delete	NAME	RANDOLPH, KAREN L	STREET ADDRESS	13 SOUTH MAGNOLIA AVENUE, SUITE B.	CITY-ST-ZIP	ORLANDO, FL 32801	TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Lowett, Tracey	STREET ADDRESS	555 Winderley Place Ste 300	CITY-ST-ZIP	Maitland, FL 32751	TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Weaver, David	STREET ADDRESS	555 Winderley Place Ste 300	CITY-ST-ZIP	Maitland, Florida 32751	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
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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.																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>SIGNATURE:</b>           SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR       </div> <div style="width: 30%; text-align: center;"> <b>4/30/08</b>          Date       </div> <div style="width: 20%; text-align: center;"> <b>(407) 841-2045</b>          Date Time Phone #       </div> </div>																																																																																													