2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2005
Secretary of State

DOCUMENT# P04000138999

Entity Name: YORLAN, INC.

Current Principal Place of Business:

243 W. PARK AVENUE
SUITE 201
WINTER PARK, FL 32789 US

New Principal Place of Business:

100 COVERIDGE LANE
LONGWOOD, FL 32779 US

Current Mailing Address:

243 W. PARK AVENUE
SUITE 201
WINTER PARK, FL 32789 US

New Mailing Address:

100 COVERIDGE LANE
LONGWOOD, FL 32779 US

FEI Number: 20-2276963 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LARSEN, ERIK C
243 W. PARK AVENUE
SUITE 201
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

HINDES, ROBERT M
100 COVERIDGE LANE
LONGWOOD, FL 32779 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: ROBERT M. HINDES 03/05/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HINDES, ROBERT M
Address: 1 HEATHROW CLOSE, MIDDLETON ST. GEORGE
City-St-Zip: DARLINGTON, UK DL2 1UT

Title: VPD ( ) Delete
Name: HINDES, JOAN
Address: 1 HEATHROW CLOSE, MIDDLETON ST. GEORGE
City-St-Zip: DARLINGTON, UK DL2 1UT

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HINDES, ROBERT M
Address: 100 COVERIDGE LANE
City-St-Zip: LONGWOOD, FL 32779

Title: VPD (X) Change ( ) Addition
Name: HINDES, JOAN
Address: 100 COVERIDGE LANE
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBERT M. HINDES PRES 03/05/2005
Electronic Signature of Signing Officer or Director Date