2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000160334

Entity Name: YLS, INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1320 W PINE ST 1320 W PINE STREET SUITE B SUITE B

ORLANDO, FL 32805 ORLANDO, FL 32805

Current Mailing Address: New Mailing Address:

1320 W PINE ST 1320 W PINE STREET SUITE B SUITE B ORLANDO, FL 32805 ORLANDO, FL 32805

FEI Number: 20-1932777 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LOWMAN, WILLIAM R JR % SHUFFIELD, LOWMAN & WILSON, P.A. 1000 LEGION PLACE, SUITE 1700 ORLANDO, FL 32801 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

1320 W PINE ST

ORLANDO, FL 32805

Name:

Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition () Delete Title: **PRFS**

LORNE, DAVID C LORNE, DAVID C Name: Name: 1320 W PINE ST 1320 W PINE STREET Address: Address: City-St-Zip: ORLANDO, FL 32805 City-St-Zip: ORLANDO, FL 32805

Title: V.P. Title: V.P. () Delete (X) Change () Addition

Name: SANDOVAL, ERIC J Name: KLEIN GARY T 1320 W PINE ST 1320 W PINE STREET Address: Address: ORLANDO, FL 32805 ORLANDO, FL 32805 City-St-Zip: City-St-Zip:

Title: Title: VΡ (X) Delete () Change () Addition KLEIN, GARY T

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: DAVID C. LORNE **PRES** 04/30/2009