




# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90028 028 \*\*\*150.00

<b>DOCUMENT # P04000161067</b> 1. Entity Name <b>J. Y. C. GROUP, INC.</b>																																													
Principal Place of Business <b>2200 N. ATLANTIC AVE. #402</b> <b>DAYTONA BEACH, FL 32118</b>			Mailing Address <b>4401 EMERSON ST. #8</b> <b>JACKSONVILLE, FL 32207</b>																																										
2. Principal Place of Business - No P.O. Box # <b>1517 N. NOVA RD</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																											
City & State <b>Daytona Beach, FL</b> Zip <b>32117</b> Country		City & State Zip Country		4. FEI Number <b>20-1985787</b>																																									
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																																									
6. Name and Address of Current Registered Agent <b>CHOI, JI S</b> <b>2200 N. ATLANTIC AVE. #402</b> <b>DAYTONA BEACH, FL 32118</b> <b>213 Riverside Dr. # 2107</b> <b>Holly Hill, FL 32117</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																																										
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  DATE <b>3/31/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;"> <b>PD</b>  <b>CHOI, JI S</b>  <b>2200 N. ATLANTIC AVE. #402</b>  <b>DAYTONA BEACH, FL 32118</b> </td> <td style="width:30%; text-align: right;"> <input type="checkbox"/> Delete         </td> </tr> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;"> <b>213 Riverside Dr. # 2107</b>  <b>Holly Hill, FL 32117</b> </td> <td style="width:30%; text-align: right;"> <input type="checkbox"/> Delete         </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>CHOI, JI S</b> <b>2200 N. ATLANTIC AVE. #402</b> <b>DAYTONA BEACH, FL 32118</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>213 Riverside Dr. # 2107</b> <b>Holly Hill, FL 32117</b>	<input type="checkbox"/> Delete																			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition														
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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.																																													
SIGNATURE:  <b>J. S. Choi / President</b> DATE <b>3/31/08</b>																																													