

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

158.75

FILED  
06 JAN 31 PM 2:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



|  |  |   |  |                                |  |
|--|--|---|--|--------------------------------|--|
| <b>DOCUMENT # P05000033700</b>   |  |   |  |                                |  |
| 1. Entity Name<br>YOUTH INVESTMENTS OF COOPER CITY, INC.   |  |   |  |                                |  |
| Principal Place of Business<br>8951 STIRLING ROAD<br>COOPER CITY, FL 33328   |  |   | Mailing Address<br>1121 NORTHWEST 115TH AVENUE<br>PLANTATION, FL 33323 |                                |  |
| 2. Principal Place of Business   |  |   | 3. Mailing Address   |                                |  |
| Suite, Apt. #, etc.  |  |   | Suite, Apt. #, etc.  |                                |  |
| City & State   |  |   | City & State   |                                |  |
| Zip  | Country  | Zip   | Country  | 4. FEI Number<br>202415042     |  |
|  |  |   |  | Applied For<br>Not Applicable  |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>   |  |   |  | \$8.75 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent<br>MILLARD, DOUGLAS S<br>1121 NORTHWEST 115TH AVENUE<br>PLANTATION, FL 33323   |  |   | 7. Name and Address of New Registered Agent                            |                                |  |
|  |  |   | Name   |                                |  |
|  |  |   | Street Address (P.O. Box Number is Not Acceptable)                     |                                |  |
|  |  |   | City   |                                |  |
|  |  |   | FL 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 _____ (NOTE: Registered Agent signature required when reinstating)   |  |   |  |                                |  |
| DATE _____   |  |   |  |                                |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2006 Fee will be \$550.00  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |  |                                |  |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                  |                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | PST<br>MILLARD, DOUGLAS S<br>1121 NORTHWEST 115TH AVENUE<br>PLANTATION, FL 33323 | <input type="checkbox"/> Delete   |  |                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | VP<br>MILLARD, MICHAEL D<br>1536 SOUTHWEST 98TH LANE<br>DAVIE, FL 33324          | <input type="checkbox"/> Delete   |  |                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete   |  |                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete   |  |                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete   |  |                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete   |  |                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete   |  |                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete   |  |                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete   |  |                                |  |
| 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: _____   |  |   |  |                                |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  |   |  |                                |  |
| Date 1/20/06   |  |   |  |                                |  |
| Daytime Phone #  |  |   |  |                                |  |