


**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90194 025 \*\*\*150.00

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P06000040457			
1. Entity Name YCLS INC.			
Principal Place of Business 545 DELANEY AVENUE BUILDING 7 ORLANDO, FL 32801 US		Mailing Address 545 DELANEY AVENUE BUILDING 7 ORLANDO, FL 32801 US	
7. Principal Place of Business - No P.O. Box # 200 S. Orange Avenue		3. Mailing Address 200 S. Orange Avenue	
Suite, Apt. #, Etc. Suite 2025		Suite, Apt. #, Etc. Suite 2025	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32801	Country US	Zip 32801	Country US
6. Name and Address of Current Registered Agent URBAN & THIER, P.A. 545 DELANEY AVENUE BUILDING 7 ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name Urban & Thier, P.A. Street Address (P.O. Box Number is Not Acceptable) 200 S. Orange Avenue, Suite 2025 City Orlando State FL Zip 32801	
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: <u>Carl-Christian Thier</u> DATE: <u>April 9, 2007</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when constituting)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing 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 NAME STREET ADDRESS CITY-ST-ZIP	P THIER, CARL C 545 DELANEY AVENUE ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 200 S. Orange Avenue, Suite 2025 Orlando, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Carl-Christian Thier</u>		DATE: <u>April 9, 2007</u>	DAYTIME PHONE: <u>(407) 245-8360</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>