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	Mailing Address
545 DELANEY AVENUE BUILDING 7 ORLANDO, FL 32801 US	545 DELANEY AVENUE BUILDING 7 ORLANDO, FL 32801 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
200 S. Orange Avenue	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

02022007 Chg-P CR2E034 (12/06)

4. FEI Number 20-4540086 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
URBAN & THIER, P.A. 545 DELANEY AVENUE BUILDING 7 ORLANDO, FL 32801	Name: Urban & Thier, P.A. Street Address (P.O. Box Number is Not Acceptable): 200 S. Orange Avenue, Suite 2025 City: Orlando FL Zip Code: 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: Carl-Christian Thier — April 9, 2007
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $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 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 200 S. Orange Avenue, Suite 2025 Orlando, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Carl-Christian Thier — April 9, 2007 — (407) 245-8360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #