2006 FOR PROFIT CORPORATION

Apr 13, 2006 8:00 am Secretary of State ANNUAL REPORT 04-13-2006 90279 012 ***150.00 DOCUMENT # P94000013308 1. Entity Name YOUNG'UNS ENTERPRISES, INC. **60077009** Principal Place of Business Mailing Address 830 NW 9 ST PO BOX 901088 HOMESTEAD, FL 33030 HOMESTEAD, FL 33090 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01162006 CR2E034 (11/05) City & State 4. FEI Number Applied For City & State 65-0468833 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GERALD E CREASMAN. CREASMAN, GERALD E Street Address (P.O. Box Number is Not Acceptable) 9245 SW 157 ST **STE 105** MIAMI, FL 33157 🗦 🐡 10691 N. KENDALL DR STE 312 Zip Code MIAMI 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_ Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11, PD ☐ Change Addition TITLE ☐ Delete TITLE NORRIS, SONJA NAME NAME 830 NW 9 ST STREET ADDRESS STREET ADDRESS CITY-SI-ZIP HOMESTEAD; FL 33030 CITY-ST-ZIP Channe Addition Delete TITLE TITLE NAME **BUFFINGTON, TIMOTHY** NAME STREET ADDRESS 830 NW 9 ST STREET ADDRESS HOMESTEAD, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Defete ☐ Change Addition TITLE STREET ADDRESS STREET ADDRESS

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 application 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, withyall other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

☐ Delete

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SONTA NORRIS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/06

FILED

■ Addition

☐ Channe