2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2008
Secretary of State

DOCUMENT# P95000078592

Entity Name: YIELD MANAGEMENT TRICORP. INC.

Current Principal Place of Business:

451 SE TRAY TERRACE
PORT ST LUCIE, FL 34983 US

New Principal Place of Business:

1832 ALAQUA DRIVE
LONGWOOD, FL 32779 US

Current Mailing Address:

451 SE TRAY TERRACE
PORT ST LUCIE, FL 34983 US

New Mailing Address:

1832 ALAQUA DRIVE
LONGWOOD, FL 32779 US

FEI Number: 35-1972148 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WERKLEY, DAVID H
451 SE TRAY TERRACE
PT ST LUCIE, FL 34983 US

Name and Address of New Registered Agent:

ABRAMS, DAVID H
1832 ALAQUA DRIVE
LONGWOOD, FL 32779 US

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.

SIGNATURE: DAVID H. ABRAMS 08/29/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: QUINN, DENNIS J M
Address: 1105 MAIN STREET
City-St-Zip: WINDERMERE, FL 34786

Title: V ( ) Delete
Name: WERKLEY, DAVID H
Address: 451 SE TRAY TERRACE
City-St-Zip: PT ST LUCIE, FL 34983

Title: PTS ( ) Delete
Name: WHITE, EDWARD P
Address: 14 GARY PLACE
City-St-Zip: HUNTINGTON, NY 11743

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD P WHITE P 08/29/2008
Electronic Signature of Signing Officer or Director Date