2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000104091

Entity Name: YOUNGINS, INC.

FILED Apr 14, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 509 SEFFNER VALRICO RD VALRICO, FL 33594 **Current Mailing Address: New Mailing Address:** 509 SEFFNER VALRICO RD VALRICO, FL 33594 FEI Number: 59-3573787 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SULTENFUSS, MARY ELIZABETH 713 ROSIER RD BRANDON, FL 33510 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition ELIZABETH SULTENFUSS, MARY SULTENFUSS, MARY E Name: Name: 713 ROSIER RD 713 ROSIER RD Address: Address: City-St-Zip: BRANDON, FL 33510 City-St-Zip: BRANDON, FL 33510 VPD Title: Title: () Delete () Change () Addition Name: GREENWELL, MICHAEL SCOTT Name: 1004 N. PARSONS Address: Address: City-St-Zip: BRANDON, FL 33510 City-St-Zip: () Delete Title: Title: () Change () Addition GREENWELL, PATRICK W Name: Name: 13678 CHANDLER RD. Address: Address: City-St-Zip: DUNCANVILLE, AL 35456 City-St-Zip: Title: () Delete Title: () Change () Addition GREENWELL, KATHERINE Name: Name: Address: 509 SEFFNER VALRICO RD Address: City-St-Zip: VALRICO, FL 33594 City-St-Zip: Title: Title: () Delete () Change () Addition GREENWELL, JOSEPH Name: Name: 302 GLENDALE DR. Address: Address: City-St-Zip: BRANDON, FL 33511 City-St-Zip: Title: () Delete Title: () Change () Addition Name: PRIOLA, MARGARET Name: 405 OAKWOOD DR Address: Address: City-St-Zip: City-St-Zip: BRANDON, FL 33511

I hereby certify that the information supplied with this filing does not qualify for the 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: MARY E SULTENFUSS PD 04/14/2006