


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90014 045 ***150.00

DOCUMENT # S91842	
1. Entity Name FOUNTAIN OF YOUTH OF S.W. FL., INC.	

Principal Place of Business 1404 53RD TERR CAPE CORAL, FL 33914	Mailing Address C/O JEAN MANSSON 5205 SARASOTA CT CAPE CORAL, FL 33904
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40048574



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03132008 Chg-P CR2E034 (12/06)

City & State	City & State
Zip	Country

4. FEI Number 65-0294394	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
MANSSON, JEAN 5205 SARASOTA CT CAPE CORAL, FL 33904

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	GRONVALL, PERERIK
STREET ADDRESS	1404 -53RD TERR
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	VP <input type="checkbox"/> Delete
NAME	GRONVALL, EVA
STREET ADDRESS	1404 -53RD TERR
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	S <input type="checkbox"/> Delete
NAME	BERGLUND, CATARINA
STREET ADDRESS	1404 -53RD TERR
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	T <input type="checkbox"/> Delete
NAME	GRONVALL, PONTUS
STREET ADDRESS	1404 -53RD TERR
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *[Signature]* 3-17-08 839)823-4769
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #