2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001826

Entity Name: SECOND OPPORTUNITY MINISTRY II, INC

FILED Jan 03, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2072 S. MILITARY TR PO BOX 22127

11 WEST PALM BEACH, FL 33416 US

WEST PALM BEACH, FL 33415

Current Mailing Address: New Mailing Address:

2072 S. MILITARY TR PO BOX 22127

1 WEST PALM BEACH, FL 33416

WEST PALM BEACH, FL 33415

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BLANFORD, YOLANDA M
207 S MILITARY TR
BLANFORD, YOLANDA M
5863 FAIRGREEN RD

11 WEST PALM BEACH, FL 33417 US

WEST PALM BEACH, FL 33415 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: 01/03/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: D () Delete Title: D (X) Change () Addition

 Name:
 BLANFORD, YLANDA
 Name:
 BLANFORD, YOLANDA

 Address:
 2072 S MILITRARY TR SUITE 11
 Address:
 5863 FAIRGREEN RD

City-St-Zip: WEST PALM BEACH, FL 33415 City-St-Zip: WEST PALM BEACH, FL 33417

Title: D () Delete Title: () Change () Addition

 Name:
 ESTRADA, GRECHEL L
 Name:

 Address:
 5863 FAIRGREEN RD
 Address:

 City-St-Zip:
 WEST PALM BEACH, FL 33417
 City-St-Zip:

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

 Name:
 ROSA, ASNARDO
 Name:
 TAYLOR, KAREN

 Address:
 177 LAKE DORAL DR
 Address:
 147 AIR POINT

City-St-Zip: WEST PALM BEAC, FL 33411 City-St-Zip: BOYNTON BEACH, FL 33467

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YOLANDA BLANFORD D 01/03/2006