2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001267

FILED Apr 18, 2006 Secretary of State

Entity Name: SEKELELA (REJOICE) ZAMBIA'S ORPHANS, INC.

Current Principal Place of Business:

854 CONNISTON ROAD
WEST PALM BEACH, FL 33405

New Principal Place of Business:

Current Mailing Address: New Mailing Address:

854 CONNISTON ROAD WEST PALM BEACH, FL 33405

FEI Number: 52-2308379 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:

BAILEY, DELANE R MISS

854 CONNISTON ROAD

WEST BALM REACH EL 33405 LIS

WEST BALM REACH EL 33405 LIS

WEST PALM BEACH, FL 33405 US WEST PALM BEACH, FL 33405 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: SANDI LUE 04/18/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ()Delete Title: ()Change ()Addition

 Name:
 ILNISKY, WILLIAM N REV.
 Name:

 Address:
 2840 FARRAGUT LANE
 Address:

 City-St-Zip:
 WEST PALM BEACH, FL 33409
 City-St-Zip:

Title: VD (X) Delete Title: () Change () Addition

 Name:
 LEWIS, PHILIP
 Name:

 Address:
 7347 OVERLOOK DRIVE
 Address:

 City-St-Zip:
 LANTANA, FL 33467
 City-St-Zip:

Title: SD (X) Delete Title: () Change () Addition

 Name:
 BAILEY, DELANE R
 Name:

 Address:
 4343A WOODSTOCK DRIVE
 Address:

 City-St-Zip:
 WEST PALM BEACH, FL 33409
 City-St-Zip:

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: WILLIAM ILNISKY PD 04/18/2006