2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2006
Secretary of State

DOCUMENT# N00000003193

Entity Name: SECOND CHANCE LIFE SKILLS, INC.

Current Principal Place of Business:

1700 34TH STREET SO.
SAINT PETERSBURG, FL 33711

New Principal Place of Business:

Current Mailing Address:

1700 34TH STREET SO.
SAINT PETERSBURG, FL 33711

New Mailing Address:

FEI Number: 59-3650170 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SHORTER, JEFFERY
321 42ND AVENUE SOUTH
SAINT PETERSBURG, FL 33705 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	SHORTER, WILLIE M	
Address:	321 42ND AVENUE SOUTH	
City-St-Zip:	ST. PETERSBURG, FL 33705	
Title:	D	( ) Delete
Name:	SHORTER, JEFFERY	
Address:	321 42ND AVENUE SOUTH	
City-St-Zip:	SAINT PETERSBURG, FL 33705	
Title:	D	( ) Delete
Name:	FLOWERS, TREENA	
Address:	330 45TH AVENUE SOUTH, APT. 3	
City-St-Zip:	ST. PETERSBURG, FL 33705	
Title:	D	( ) Delete
Name:	SEABROOK, LORI K	
Address:	730 61 - AVENUE SO.	
City-St-Zip:	SAINT PETERSBURG, FL 33705	
Title:	D	( ) Delete
Name:	WALKER, TINA	
Address:	1001 62ND TERRACE SOUTH	
City-St-Zip:	ST. PETERSBURG, FL 33705	
Title:	D	( ) Delete
Name:	BROWN, CHRISTINA	
Address:	917 TENTH ST SOUTH	
City-St-Zip:	SAINT PETERSBURG, FL 33705	

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:	
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 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: JEFFREY SHORTER D 05/18/2006

Electronic Signature of Signing Officer or Director — Date