2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2006
Secretary of State

DOCUMENT# N02000000859

Entity Name: SECOND CHANCE PRISON MINISTRIES, INC.

Current Principal Place of Business:

3001 N.W. 46TH STREET
TAMARAC, FL 33309

New Principal Place of Business:

Current Mailing Address:

3001 N.W. 46TH STREET
TAMARAC, FL 33309

New Mailing Address:

FEI Number: 36-4499144 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

FILINGS, INC.
1230 SE 4TH AVENUE
FORT LAUDERDALE, FL 33316 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: DC ( ) Delete
Name: RICE, DAVID R REV.
Address: 27613 SW 46 AVE
City-St-Zip: NEWBERRY, FL 32669

Title: D ( ) Delete
Name: CANAN, PERY
Address: 4233 N.W. 61ST COURT
City-St-Zip: COCONUT CREEK, FL 33073

Title: DPS ( ) Delete
Name: GRAFF, JANET
Address: 3001 N.W. 46TH STREET
City-St-Zip: TAMARAC, FL 33309

Title: DVVC ( ) Delete
Name: WILSON, MARLA
Address: 3001 N.W. 46TH STREET
City-St-Zip: TAMARAC, FL 33309

Title: DT ( ) Delete
Name: RIVERA, FRANCES
Address: 12264 N.W. 32ND MANOR
City-St-Zip: SUNRISE, FL 33323

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:

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: JANET GRAFF DPS 05/14/2006

Electronic Signature of Signing Officer or Director — Date