## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000002524

Entity Name: 2ND CHANCE 2-MAKE 1ST IMPRESSIONS, INC.

FILED Aug 29, 2006 Secretary of State

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

PO BOX 668117 843 NORTH POWERLINE ROAD POMPANO BEACH, FL 33066 POMPANO BEACH, FL 33069

Current Mailing Address: New Mailing Address:

PO BOX 668117 POMPANO BEACH, FL 33066

FEI Number: 11-3690922 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: Name and Address of New Registered Agent:

DANIELS, VERONICA H 843 POWERLINE ROAD POMPANO BEACH, FL 33069 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:

Cleater in Circulate of Devictor of Accept

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 DANIELS, VERONICA H
 Name:
 DANIELS, VERONICA H

 Address:
 PO BOX 668117
 Address:
 843 NORTH POWERLINE ROAD

 City-St-Zip:
 POMPANO BCH, FL 33069
 City-St-Zip:
 POMPANO BCH, FL 33069

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

Name: BISHOP, RHONDA A Name: SIMS, PATRICIA A
Address: 3271 N W 208TH STREET Address: 843 NORTH POWERLINE

 Address:
 3271 N.W 208TH STREET
 Address:
 843 NORTH POWERLINE ROAD

 City-St-Zip:
 MIAMI, FL 33055
 City-St-Zip:
 POMPANO BEACH, FL 33069

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

Name: MCCRAY, DEBORAH Name: MOBLEY, KEINO

 Address:
 20402 N.W. 46TH AVENUE
 Address:
 843 NORTH POWERLINE ROAD

 City-St-Zip:
 CORAL CITY, FL 33055
 City-St-Zip:
 POMPANO BEACH, FL 33069

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: VERONICA H. DANIELS PD 08/29/2006