

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002524

FILED
Jan 04, 2007
Secretary of State

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

Current Principal Place of Business:

843 NORTH POWERLINE ROAD
POMPANO BEACH, FL 33069

New Principal Place of Business:

2502B HOLTON STREET
219D
TALLAHASSEE, FL 32310

Current Mailing Address:

PO BOX 668117
POMPANO BEACH, FL 33066

New Mailing Address:

2229 INDEPENDENCE LANE
BUFORD, GA 30519

FEI Number: 11-3690922

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SIMS, PATRICIA A
2229 INDEPENDENCE LANE
BUFORD, FL 30519 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: PATRICIA SIMS

01/04/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DANIELS, VERONICA H
Address: 843 NORTH POWERLINE ROAD
City-St-Zip: POMPANO BCH, FL 33069

Title: TD () Delete
Name: SIMS, PATRICIA A
Address: 843 NORTH POWERLINE ROAD
City-St-Zip: POMPANO BEACH, FL 33069

Title: SD () Delete
Name: MOBLEY, KEINO
Address: 843 NORTH POWERLINE ROAD
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SIMS, PATRICIA A
Address: 2229 INDEPENENCE LANE
City-St-Zip: BUFORD, GA 30519

Title: TD (X) Change () Addition
Name: BELL, SHIRLEY
Address: 2229 INDEPENENCE LANE
City-St-Zip: BUFORD, GA 30519

Title: SD (X) Change () Addition
Name: MOBLEY, KEINO
Address: 2229 INDEPENDENCE LANE
City-St-Zip: BUFORD, GA 30519

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: PATRICIA SIMS

PD

01/04/2007

Electronic Signature of Signing Officer or Director

Date