2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2005
Secretary of State

DOCUMENT# N04000010872

Entity Name: YOUR SECOND CHANCE INC.

Current Principal Place of Business:

2349 NW 19TH STREET
FT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

2349 NW 19TH STREET
FT LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **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:

COBB, DENISE
1208 NW 31 WAY
FT LAUDERDALE, FL 33311 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: P ( ) Delete
Name: COBB, DENISE
Address: 1208 NW 31 WAY
City-St-Zip: FT LAUDERDALE, FL 33311

Title: VP ( ) Delete
Name: PORTER, KEVIN
Address: 2748 NW 9TH COURT
City-St-Zip: FT LAUDERDALE, FL 33311

Title: TR ( ) Delete
Name: COLLINS, MILLICENT
Address: 2670 NW 42 TERRACE
City-St-Zip: LAUDERHILL, FL 33313

Title: TR ( ) Delete
Name: FERGUSON, VALENCIA
Address: 1208 NW 31 WAY
City-St-Zip: FT LAUDERDALE, FL 33311

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DENISE COBB P 09/11/2005
Electronic Signature of Signing Officer or Director — Date