

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006452

FILED
Jan 12, 2006
Secretary of State

Entity Name: NEW OUTLOOK II, INC.

Current Principal Place of Business:

1241 BLUEHILL DRIVE NORTH
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 19189
JACKSONVILLE, FL 322459189

New Mailing Address:

P.O. BOX 19189
JACKSONVILLE, FL 322459189

FEI Number: 59-3421096

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SIKORA, GREGORY J
900 UNIVERSITY BLVD. NORTH
SUITE 700
JACKSONVILLE, FL 32211 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: GREGORY, E C
Address: 12874 DUNES CT.
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: OWEN, GEORGE
Address: 50 NORTH LAURA STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: LECLERC, DONALD
Address: 236 HOLLY CT
City-St-Zip: JACKSONVILLE, FL 32218

Title: DTS () Delete
Name: LEWIS, CHARLES W
Address: 5307 FLEET LANDING BOULEVARD
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D () Delete
Name: SOMMERS, ROBERT
Address: 900 UNIVERSITY BLVD N
City-St-Zip: JACKSONVILLE, FL 32211

Title: D () Delete
Name: BREW, RICHARD
Address: 1301 RIVERPLACE BLVD
City-St-Zip: JACKSONVILLE, FL 32207

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: D (X) Change () Addition
Name: SOMMERS, ROBERT
Address: 900 UNIVERSITY BLVD N, SUITE 700
City-St-Zip: JACKSONVILLE, FL 32211

Title: D (X) Change () Addition
Name: BREW, RICHARD
Address: P. O. BOX 10209
City-St-Zip: JACKSONVILLE, FL 32247

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: ROBERT A SOMMERS

D

01/12/2006

Electronic Signature of Signing Officer or Director

Date