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FILED Feb 08, 2008 8:00 am Secretary of State

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ACKSOMVILLE, FL 32218 ACKSOMVILLE, FL 32218 ACKSOMVILLE, FL 32218 ALMAIING Address Suite, Apt. 4, etc. City & State Since Address of Coursety Applied For Sep-3421096 Since Address of Status Desired Since Address of Status Desired Since Address of New Registered Agent Name Since Address of New Registered Agent City & State	DOCUMENT # N90 1. Entity Name NEW OUTLOOK II, INC.				02-08-2008	3 90024 03	32 ****7(0.00		
Suite, Aptl. #, etc. Suite, Aptl. #, etc. Suite, Aptl. #, etc. O1242008 Chg.NP CR2E037 (12/06) Chy & State Chy & State A. FEI Number Sp-3421096 Not Applicable For Sp-3421096 Sp-3425 Additional Fee Required For Sp-3421096 Sp-3425 Additional Fee Republication Fe	1241 BLUEHILL DRIVE NORTH	D. BOX 19189			40020474					
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City & State City & State City & State City & State Country C	2. Principal Place of Business - No f	P.O. Box # 3. Mail	ing Address				I BIJA BIJA BAJA BAJA BA			
Signature Sign	Suite, Apt. #, etc.	ite, Apt. #, etc.			01242008	Chg-NP	CR2E03	7 (12/06)		
S. Certificate of Status Desired See Required S. Mame and Address of Current Registered Agent S. Name and Address of New Registered Agent S. Name and Ad	City & State	y & State								
SIKORA, GREGORY J 900 UNIVERSITY BLVD. NORTH SUTTE 700 JACKSONVILLE, FL 32211 City FL City	Zip Count	try Zip		Country		5. Certificate of	of Status Desired			
SIKORA GREGORY J SOD UNIVERSITY BLVD. NORTH SUITE 700 JACKSONVILLE, FL 32211 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code The obligations of registered agent, or both, in the State of Fronta. I am familiar with, and scept the obligations of registered agent, or both, in the State of Fronta. I am familiar with, and scept the obligations of registered agent, or both, in the State of Fronta. I am familiar with, and scept the obligations of registered agent, or both, in the State of Fronta. I am familiar with, and scept the obligations of registered agent, or both, in the State of Fronta. I am familiar with, and scept the obligations of registered agent, or both, in the State of Fronta. I am familiar with, and scept the obligations of registered agent, or both, in the State of Fronta. I am familiar with, and scept the obligations of registered agent, or both, in the State of Fronta. I am familiar with, and scept the obligations of registered agent, or both, in the State of Fronta. I am familiar with, and scept the obligations of registered agent, or both, in the State of Fronta. I am familiar with, and scept the obligations of registered agent, or both, in the State of Fronta. I am familiar with, and scept the obligations of registered agent, or both, in the State of Fronta. I am familiar with, and scept the obligations of registered agent, or both, in the State of Fronta. I am familiar with, and scept the obligations of registered agent, or both, in the State of Fronta. I am familiar with, and scept the obligations of registered agent, or both, in the State of Fronta. I am familiar with, and scept the scale of Fronta. I am familiar with, and scept the scale of Fronta. I am familiar with, and scept the scale of Fronta. I am familiar with, and scept the scale of Fronta. I am familiar with, and scept the scale of Fronta. I am familiar with, and scept the scale of Fronta. I am familiar with, and scept the scale of Fronta. I am familiar with, and scept the scale of Fronta. I	6. Name and Addr	ress of Current Registere	d Agent			7. Name and	Address of New I	Registered A	gent	
Size Address (P.O. Box Number is Not Acceptable) Size Address (P.O. Box Number is Not Acceptable)	SIKORA, GREGORY J			Name) 					_
City FL Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Special	900 UNIVERSITY BLVD. NO	RTH		Street	t Address (I	P.O. Box Numbe	r is Not Acceptabl	e)		
B. 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. I am familiar with, and accept the obligations of registered agent. Signature	JACKSONVILLE, FL 32211							<u> </u>		
SIGNATURE Signature Signa						FL Zip Code				
Signature, hybrid or printed name of ingettered agent and telle if a sport use of the printed pagent and telle if a sport use of the pure of pure by May 1, 2008 Selection Campaign Financing \$5.00 May Be Added to Fees Selection Campaign Financing Trust Fund Contribution Added to Fees Selection Campaign Financing Trust Fund Contribution Added to Fees Selection Campaign Financing Selection Campaign Financing Added to Fees Selection Campaign Financing Selection Camp			ose of changing its re	egistered office	e or register	ed agent, or both	n, in the State of Fi	lorida. I am f	amiliar with,	and accept
10.		ne of registered agent and title if appl	licable (NOTE:	Registered Agent sig	nature required	when reinstating)		DATE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP DC GREGORY, E C STREET ADDRESS 12874 DUNES CT. CITY-ST-ZIP JACKSONVILLE, FL 32225 TITLE D JACKSONVILLE, FL 32256 TITLE NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32256 TITLE D JACKSONVILLE, FL 32256 TITLE NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32256 TITLE NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32256 TITLE NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32218 TITLE NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32218 TITLE NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32233 TITLE NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32233 TITLE NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32211 TITLE NAME SOMMERS, ROBERT JACKSONVILLE, FL 32211 D D CRASSONVILLE, FL 32211 D D CRASSONVILLE, FL 32211 D D DEIGIE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32211 TITLE NAME SOMMERS, ROBERT JACKSONVILLE, FL 32211 D D DEIGIE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32211 D D DEIGIE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32211 TITLE NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32211 D D DEIGIE NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32211 TITLE NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32211 D DEIGIE NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32211 D DEIGIE NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32211 TITLE NAME STREE						,		DAIL		
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NAME STREET ADDRESS P. O. BOX 10209 NAME STREET ADDRESS	Due by May 1, 20 10. OFF TITLE DC NAME GREGORY, E C STREET ADDRESS 12874 DUNES CT. TITLE D OWEN, GEORGE STREET ADDRESS 9000 SOUTHSIDE CITY-ST-ZIP JACKSONVILLE, F TITLE D LECLERC, DONAL STREET ADDRESS 236 HOLLY CT CITY-ST-ZIP JACKSONVILLE, F TITLE DTS NAME LEWIS, CHARLES STREET ADDRESS 5307 FLEET LAND TITLE DTS LEWIS, CHARLES STREET ADDRESS 5307 FLEET LAND TITLE D NAME SOMMERS, ROBE STREET ADDRESS 900 UNIVERSITY E	FICERS AND DIRECTORS FL 32225 BLVD., 300 FL 32256 D FL 32218 W DING BOULEVARD B, FL 32233 ERT BLVD N, SUITE 700	Delete Delete Delete	Daign Financing ontribution. 11. TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES	SS 1 SS Dr Rob 4115 Jack	\$5.00 May Be Added to Fees ADDITIONS/CHA	Prive West	Make check rida Depart ERS AND DIF ay, Suit	THEAT OF SIN CHANGE Change Change Change Change	Addition Addition Addition
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	Due by May 1, 20 10. OFF TITLE DC STREET ADDRESS 12874 DUNES CT. TITLE D OWEN, GEORGE STREET ADDRESS 2000 SOUTHSIDE JACKSONVILLE, F TITLE D JACKSONVILLE, F TITLE D LECLERC, DONAL STREET ADDRESS 236 HOLLY CT JACKSONVILLE, F TITLE DTS LEWIS, CHARLES STREET ADDRESS 5307 FLEET LAND STREET ADDRESS 5307 FLEET LAND TITLE D SOMMERS, ROBE STREET ADDRESS 500 UNIVERSITY E JACKSONVILLE, F TITLE D NAME SOMMERS, ROBE STREET ADDRESS 900 UNIVERSITY E JACKSONVILLE, F	FICERS AND DIRECTORS FL 32225 BLVD., 300 FL 32256 D FL 32218 W DING BOULEVARD B, FL 32233 ERT BLVD N, SUITE 700	Delete Delete Delete Delete	Daign Financing ontribution. 11. Title NAME STREET ADDRES CITY-ST-ZIP TITLE NAME	SS 1 SS DY Rob 4115 Jack	\$5.00 May Be Added to Fees ADDITIONS/CHA	Prive West	Make check rida Depart ERS AND DIF	Thent of State Change Change Change Change Change Change	Late 110 Addition Addition Addition
CITY-ST-ZIP JACKSONVILLE, FL-32247 CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information	Due by May 1, 20 10. OFF TITLE DC STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, F TITLE D NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, F TITLE DL NAME LECLERC, DONAL STREET ADDRESS 236 HOLLY CT CITY-ST-ZIP JACKSONVILLE, F TITLE DTS NAME LEWIS, CHARLES STREET ADDRESS 5307 FLEET LAND STREET ADDRESS 5307 FLEET LAND TITLE DC NAME SOMMERS, ROBE STREET ADDRESS 5307 FLEET LAND STREET ADDRESS 5307 FLEET LAND TITLE DC NAME SOMMERS, ROBE STREET ADDRESS 900 UNIVERSITY E JACKSONVILLE, F TITLE DC NAME DC STREET ADDRESS 900 UNIVERSITY E	FICERS AND DIRECTORS FL 32225 BLVD., 300 FL 32256 D FL 32218 W DING BOULEVARD H, FL 32233 ERT BLVD N, SUITE 700 FL 32211	Delete Delete Delete Delete	Daign Financing ontribution. 11. Title NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES	SS 1 Ja DS 411: Jack	\$5.00 May Be Added to Fees ADDITIONS/CHA	Prive West	Make check rida Depart ERS AND DIF	Thent of State Change Change Change Change Change Change	Late 110 Addition Addition Addition

indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: / SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING				
SIGNATURE: Robert Sommers	Robert Sommers	January 31, 2008	904-743-1883,	ext. 252