2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2009
Secretary of State

DOCUMENT# L08000020361

Entity Name: HILLIARD INSTITUTE FOR EMPOWERMENT, LLC

Current Principal Place of Business:

1469 10TH COURT NE
WINTER HAVEN, FL 33881 13

New Principal Place of Business:

Current Mailing Address:

PO BOX 1324
WINTER HAVEN, FL 33882 13

New Mailing Address:

FEI Number: 26-2038269 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HILLIARD, SHANNON
1469 10TH COURT NE
WINTER HAVEN, FL 33881 US

Name and Address of New Registered Agent:

HILLIARD, SHANNON L
1469 10TH COURT NE
WINTER HAVEN, FL 33881 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: SHANNON L. HILLIARD 02/20/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: HILLIARD, SHANNON
Address: 1469 10TH COURT NE
City-St-Zip: WINTER HAVEN, FL 33881

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: HILLIARD, SHANNON L MGR
Address: 1469 10TH COURT NE
City-St-Zip: WINTER HAVEN, FL 33881

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SHANNON L. HILLIARD MGR 02/20/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date