

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L67578

FILED
Apr 22, 2009
Secretary of State

Entity Name: EMPOWERMENT SERVICES INC.

Current Principal Place of Business:

10213 NEWPORT CIRCLE
TAMPA, FL 33612 US

New Principal Place of Business:

Current Mailing Address:

10213 NEWPORT CIRCLE
TAMPA, FL 33612 US

New Mailing Address:

FEI Number: 59-3009230

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BACCARELLA, DOMINIC
4144 N ARMENIA AVE SUITE 210
MANUFACTURER'S BANK BUILDING
TAMPA, FL 33602 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JACKSON, ERIC
Address: 10213 NEWPORT CIRCLE
City-St-Zip: TAMPA, FL

Title: ST () Delete
Name: GIBSON, PAULINE
Address: 10213 NEWPORT CIRCLE
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JACKSON, ERIC
Address: 10213 NEWPORT CIRCLE
City-St-Zip: TAMPA, FL 33612

Title: ST (X) Change () Addition
Name: GIBSON, PAULINE
Address: 10213 NEWPORT CIRCLE
City-St-Zip: TAMPA, FL 33612

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULINE J. GIBSON

ST

04/22/2009

Electronic Signature of Signing Officer or Director

Date