2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State
04-26-2006 90192 026 ****70.00

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1. Entity Name
THE PORTRAIT OF EMPOWERMENT, INC.

Principal Place of Business	Mailing Address
13724 NW 22 PL OPA LOCKA, FL 33054 US	13724 NW 22 PLACE OPA LOCKA, FL 33054-4002 US

04062006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
780 Fisherman Ste 328	13724 NW 22 PL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Opa-locka, FL	City & State: Opalocka, FL
Zip: 33054 Country: USA	Zip: 33054-4002 Country: USA

4. FEI Number: 65-0997665 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMITH-JOHNSON, DOROTHY 13724 NW 22 PLACE OPA LOCKA, FL 33054	Name Street Address (P.O. Box Number is Not Acceptable) 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: Dorothy Smith-Johnson — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when adding) — DATE: 4/6/06

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SMITH-JOHNSON, DOROTHY 13724 NW 22 PLACE OPA LOCKA, FL 33054	☐ Delete	Director Daniel Lavan 8126 NW 162 St Hialeah, FL	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SO LEE, CYNTHIA 1334 SW 119 AVE #114 PEMBROKE PINES, FL 33025	☐ Delete	Director (Treasurer) Carolyn Boyce 886 NW 71 St Miami, FL 33150	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOURGEMAN, RACHEL 9548 ABBOTT AVE MIAMI, FL 33154	☐ Delete	Director Carla Jones 1999 SW 27 AVE, 1st Floor Miami, FL 33145-2543	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BENJAMIN, CHRISTOPHER E ESQ 19 WEST FLAGLER ST, SUITE 705 MIAMI, FL 33130	☒ Delete	Director Ricarvado Spencer 11443 Hibbs Grove DR Cooper City, FL 33330-4444	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REESE, NATASHA 1320 NW 174 ST MIAMI GARDENS, FL 33169	☒ Delete	Director Donald Irving 15805 NW 37 Ave Miami Gardens, FL 33054	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TANG, VENGHAN 8401 SW 107 AVENUE #254 E MIAMI, FL 33173	☐ Delete	~~DIRECTOR~~ AD	☐ Change ☐ Addition

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 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 OFFICER OR DIRECTOR — Date: 4/6/06 — Daytime Phone #: (305) 308-8690