2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N00000002559

RT FILED Mar 31, 2009 Secretary of State

Entity Name: THE PORTRAIT OF EMPOWERMENT, INC.

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Surrent P	rincipal Place	of Business:	New Princ	cipal Place of I	Business:	
	ERMAN STE 32 KA, FL 33054	8 US	SUITE 328	ERMAN STREE } KA, FL 33054	T US	
Current M	lailing Addres	s:	New Maili	New Mailing Address:		
13724 NW OPA LOC	/ 22 PL KA, FL 330544	002 US	SUITE 328	ERMAN STREE } KA, FL 33054	T US	
El Number	: 65-0997665	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desire	ed (X)
Name and	d Address of C	urrent Registered Agent:	Name and	I Address of N	ew Registered Agent:	
	HNSON, DOR	YHTC				
	KA, FL 33054	US				
	e named entity s e of Florida.	ubmits this statement for the p	purpose of changing	its registered of	fice or registered agent,	or both,
SIGNATU		in Cianatura of Dogistared Aa	ont		Data	
		ic Signature of Registered Ag		10/01/41/050	Date	
OFFICER	S AND DIRECT	IORS:	ADDITION	NS/CHANGES	TO OFFICERS AND DI	RECTOR
Fitle: Name: Address: City-St-Zip:	P () SMITH-JOHNSC 13724 NW 22 P OPA LOCKA, FL	LACE	Title: Name: Address: City-St-Zip:	()	Change () Addition	
√ame: √ddress:	SMITH-JOHNSC 13724 NW 22 P OPA LOCKA, FL	N, DOROTHY LACE . 33054 US Delete VE #114	Name: Address:	S (X) LEE, CYNTHIA 1334 SW 119 A	Change () Addition	
Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address:	SMITH-JOHNSC 13724 NW 22 P OPA LOCKA, FL D () LEE, CYNTHIA 1334 SW 119 A PEMBROKE PIN D () JONES, CARLA	DN, DOROTHY LACE . 33054 US Delete VE #114 NES, FL 33025 Delete AVE 1ST FLOOR	Name: Address: City-St-Zip: Title: Name: Address:	S (X) LEE, CYNTHIA 1334 SW 119 A PEMBROKE PIN	Change()Addition VE #114	
Name: Address: City-St-Zip: Fitle: Name: Address:	SMITH-JOHNSC 13724 NW 22 P OPA LOCKA, FL D () LEE, CYNTHIA 1334 SW 119 A PEMBROKE PIN D () JONES, CARLA 1999 SW 27TH MIAMI, FL 3314 D () RICARRADO, S 11443 HIBBS G	DN, DOROTHY LACE . 33054 US Delete VE #114 NES, FL 33025 Delete AVE 1ST FLOOR 15 US Delete PENCER	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	S (X) LEE, CYNTHIA 1334 SW 119 A PEMBROKE PIN () D (X) RICARRADO, S PO BOX 9548	Change () Addition VE #114 NES, FL 33025 US Change () Addition Change () Addition	
Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: Address: Address:	SMITH-JOHNSC 13724 NW 22 P OPA LOCKA, FL D () LEE, CYNTHIA 1334 SW 119 A PEMBROKE PIN D () JONES, CARLA 1999 SW 27TH MIAMI, FL 3314 D () RICARRADO, S 11443 HIBBS G FORT LAUDERI	DN, DOROTHY LACE . 33054 US Delete VE #114 NES, FL 33025 Delete AVE 1ST FLOOR 15 US Delete PENCER ROVE DR DALE, FL 333304444 Delete .YN SEET	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Address: City-St-Zip: Address:	S (X) LEE, CYNTHIA 1334 SW 119 A PEMBROKE PIN () D (X) RICARRADO, S PO BOX 9548 DAYTONA BEAC	Change () Addition VE #114 NES, FL 33025 US Change () Addition Change () Addition PENCER CH, FL 32120 US Change () Addition YN EEET	

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

SIGNATURE: DOROTHY SMITH-JOHNSON P 03/31/2009