2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002711

SUNRISE, FL 33322

City-St-Zip:

FILED Mar 14, 2005 Secretary of State

Entity Nar	me: HOUSE	OF EMPOWERMENT, INC.			•	
Current Principal Place of Business:				New Principal Place of Business:		
3300 INVERRARY BOULEVARD 100D LAUDERHILL, FL 33319				5975 W. SUNRISE BOULEVARD 206 SUNRISE, FL 33313		
Current Mailing Address:				New Mailing Address:		
3300 INVERRARY BOULEVARD 100D LAUDERHILL, FL 33319 FEI Number: 65-0992031 FEI Number Applied For () FEI Nu				5975 SUNRISE BOULEVARD 206 SUNRISE, FL 33313 mber Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
SUNRISE, The above	19TH PLACE FL 33322 named entity of Florida. RE:			f changing its registere	d office or registered agent, or both,	
Electronic Signature of Registered Agent						
OFFICERS Title: Name: Address: City-St-Zip:	SWABY, SHÂR) Delete ON /EST 19TH PLACE		ADDITIONS/CHANG Title: Name: Address: City-St-Zip:	ES TO OFFICERS AND DIRECTORS: () Change () Addition	
Title: Name: Address: City-St-Zip:	JOEL, BECKE 15301 NW 1ST			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	T (THOMAS, ROS 9290 NW 19TH			Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip:

SIGNATURE: SHARON SWABY PRES 03/14/2005