2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2007
Secretary of State

DOCUMENT# N01000007540

Entity Name: SPIRIT, HEALTH AND EMPOWERMENT, INC.

Current Principal Place of Business:

2331 NORTH STATE ROAD 7
SUITE 124
LAUDERHILL, FL 33313

New Principal Place of Business:

Current Mailing Address:

2331 NORTH STATE ROAD 7
SUITE 124
LAUDERHILL, FL 33313

New Mailing Address:

FEI Number: 65-1146959 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SIMMONS-ELLINGTON, WYLENE
2331 N SR 7 STE 124
LAUDERHILL, FL 33313 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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SIMMONS-ELLINGTON, WYLENE
Address: 4267 NW 34 TERR
City-St-Zip: LAUDERDALE LAKES, FL 33309

Title: D ( ) Delete
Name: ELLINGTON, CHARLES M
Address: PO BOX 100564
City-St-Zip: FORT LAUDERDALE, FL 33310

Title: S ( ) Delete
Name: SIMMONS-ELLINGTON, WYLENE
Address: 4267 NW 34 TERRACE
City-St-Zip: LAUDERDALE LAKES, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: WYLENE SIMMONS ELLINGTON P 08/13/2007

Electronic Signature of Signing Officer or Director — Date