## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000007729

FILED Apr 01, 2004 Secretary of State

Entity Name: FLITE SOCIAL EMPOWERMENT GROUP INC.

Littly No				
Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	IE BAY DR O, FL 3283975	532		
Current Mailing Address:		New Mailing Address:		
PO BOX ( ORLAND	560495 O, FL 3285604	495		
FEI Numbe	r: 59-3748956	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:		Name and Address	Name and Address of New Registered Agent:	
2205 LYM	AD, JOHN M IE BAY DR			
ORLAND	O, FL 32839	US		
The above	,		purpose of changing its registere	ed office or registered agent, or both,
The above	e named entity te of Florida.		purpose of changing its registere	ed office or registered agent, or both,
The above	e named entity te of Florida. IRE:			ed office or registered agent, or both,  Date
The above in the Stat	e named entity te of Florida. IRE:	submits this statement for the	gent	Date
The above in the State SIGNATU  OFFICER  Title: Name: Address:	e named entity te of Florida. JRE: Electro	submits this statement for the nic Signature of Registered Actions:  ) Delete OHN W AY DR	gent	Date
The above in the Stat	e named entity te of Florida.  JRE: Electro  RS AND DIRECT  PD ( HALSTEAD, JG 2205 LYME BA ORLANDO, FL	submits this statement for the submits this statement for the specific signature of Registered Asceptage (September 2014). Delete OHN W AY DR . 328397532  ) Delete AKESHA AY DR	gent  ADDITIONS/CHANG  Title:  Name:  Address:	Date ES TO OFFICERS AND DIRECTORS

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.

SIGNATURE: LAKESHA HALSTEAD VD 04/01/2004