## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000000177

PO BOX 1295, BOBCAYGEON

ONTARIO CANADA KOM-1LO.

Address:

City-St-Zip:

FILED Mar 05, 2009 Secretary of State

Entity Name: EMPOWER 2 GO INC **Current Principal Place of Business: New Principal Place of Business:** 2065 NW 15TH PLACE DELRAY BEACH, FL 334452612 **Current Mailing Address: New Mailing Address:** PO BOX 8343 DELRAY BEACH, FL 33482 FEI Number: 65-1167547 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PRICE, D.J. DR. 2065 NW 15TH PLACE DELRAY BEACH, FL 334452612 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete PRICE, D.J. DR. Name: Name: Address: 2065 NW 15TH PLACE Address: City-St-Zip: DELRAY BEACH, FL 334452612 City-St-Zip: Title: () Delete Title: () Change () Addition Name: PRICE, AMY DR Name: Address: 2065 NW 15TH PLACE Address: City-St-Zip: DELRAY BEACH, FL 334452612 City-St-Zip: Title: () Delete Title: () Change () Addition RUNDLE, ALBERT REV. Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: DR DJ PRICE D 03/05/2009