

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jul 16, 2007
Secretary of State**

DOCUMENT# N04000001720

Entity Name: ENTERTAINMENT TO EMPOWERMENT FOUNDATION, INCORPORATED**Current Principal Place of Business:**1069 W. MORSE BLVD.
SUITE 1
WINTER PARK, FL 327893711**New Principal Place of Business:****Current Mailing Address:**1069 W. MORSE BLVD.
SUITE 1
WINTER PARK, FL 327893711**New Mailing Address:**

FEI Number: 56-2443603

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:MEEHLE, SUZANNE
SHUFFIELD, LOWMAN & WILSON, P.A.
1000 LEGION PLACE, SUITE 1700
ORLANDO, FL 32801 US**Name and Address of New Registered Agent:**LOWMAN, WILLIAM R JR
SHUFFIELD, LOWMAN & WILSON, P.A.
1000 LEGION PLACE, SUITE 1700
ORLANDO, FL 32801 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: WILLIAM R. LOWMAN, JR.

07/16/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: S () Delete
Name: ABBOTT, SHERRY
Address: 1925 WESTPOINTE CIRCLE
City-St-Zip: ORLANDO, FL 32833Title: D () Delete
Name: HULL, MIMI PHD
Address: 225 SOUTH SWOOPE AVE., SUITE 210
City-St-Zip: MAITLAND, FL 32751Title: D () Delete
Name: LANGDON, SHEILA
Address: 1069 W. MORSE BLVD., SUITE 1
City-St-Zip: WINTER PARK, FL 32789Title: T () Delete
Name: AIDE, JOYCE
Address: 5120 ANDREA BLVD
City-St-Zip: ORLANDO, FL 32807Title: D () Delete
Name: SLOVIN, EDE
Address: 851 N. MAITLAND AVENUE
City-St-Zip: MAITLAND, FL 32751Title: ED () Delete
Name: WHITEHURST, KIM
Address: 1069 W. MORSE BLVD., SUITE 1
City-St-Zip: WINTER PARK, FL 32789**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: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: KIM WHITEHURST

ED

07/16/2007

Electronic Signature of Signing Officer or Director

Date