2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000002901

Entity Name: A CALL TO EMPOWERMENT, INC.

FILED Apr 21, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2190 NW 135TH ST 2190 NW 135TH ST 2190 NW 135TH ST MIAMI, FL 331691458 US

Current Mailing Address: New Mailing Address:

2190 NW 135TH ST 2190 NW 135TH ST MIAMI, FL 331691458 US MIAMI, FL 331691458 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NICHSON, DORETHA G 2190 NW 135TH ST MIAMI, FL 331691458 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: DORETHA G. NICHSON

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: PD (X) Change () Addition Name: NICHSON, DORETHA Name: NICHSON, DORETHA

 Name:
 NICHSON, DORETHA

 Address:
 2190 NW 135TH ST

 City-St-Zip:
 MIAMI, FL 331691458

 City-St-Zip:
 MIAMI, FL 331691458

Title: D () Delete Title: D (X) Change () Addition Name: CHUCK, VEDA Name: HARRISON, LOYD C

 Name:
 CHOCK, VEDA
 Name:
 HARRISON, LOYD C

 Address:
 16800 NW 17TH AVE
 Address:
 1941 RUTLAND STREET

 City-St-Zip:
 MIAMI, FL 33169
 City-St-Zip:
 OPA-LOCKA, FL 33054

Title: D (X) Delete Title: () Change () Addition

 Name:
 HARRISON, LOYD C
 Name:

 Address:
 1941 RUTLAND ST
 Address:

 City-St-Zip:
 OPA LOCKA, FL 33054
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DORETHA NICHSON PD 04/21/2006