2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2009
Secretary of State

DOCUMENT# N07000004270

Entity Name: EMPOWERED LIFESTYLE,INC.

Current Principal Place of Business:

14421 LAKE JESSUP DR.
JACKSONVILLE, FL 32258

New Principal Place of Business:

Current Mailing Address:

14421 LAKE JESSUP DR.
JACKSONVILLE, FL 32258

New Mailing Address:

FEI Number: 20-8940585 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

CROMBIE, SHELLEY A
14421 LAKE JESSUP DRIVE
JACKSONVILLE, FL 32258 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: D ( ) Delete
Name: CROMBE, SHELLEY
Address: 14421 LAKE JESSUP DRIVE
City-St-Zip: JACKSONVILLE, FL 32258

Title: DIR ( ) Delete
Name: SCOTT, HEATHER
Address: 14421 LAKE JESSUP DRIVE
City-St-Zip: JACKSONVILLE, FL 33309

Title: DIR ( ) Delete
Name: CROMBIE, SYBIL
Address: 18622 SOUTH LYFORD
City-St-Zip: HOUSTON, TX 77449

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change ( ) Addition
Name: CROMBE, SHELLEY
Address: 14421 LAKE JESSUP DRIVE
City-St-Zip: JACKSONVILLE, FL 32258

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

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

Title: DIR ( ) Change (X) Addition
Name: DELCORE, LISA
Address: 1201 LAKE PARKE DRIVE
City-St-Zip: JACKSONVILLE, FL 32259

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: SHELLEY CROMBIE DIR 08/29/2009

Electronic Signature of Signing Officer or Director — Date