2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N08000000299

Entity Name: EMBASSY CENTER OF EMPOWERMENT INTERNATIONAL, INC.

Current Principal Place of Business:

3363 SHERIDAN ST., SUITE 212
HOLLYWOOD, FL 33021

New Principal Place of Business:

2244-48 MEARS PKWY
MARGATE, FL 33063

Current Mailing Address:

3363 SHERIDAN ST., SUITE 212
HOLLYWOOD, FL 33021

New Mailing Address:

2244-48 MEARS PKWY
MARGATE, FL 33063

FEI Number: 26-1371031 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BYRD, MICHAEL
3363 SHERIDAN ST., SUITE 212
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

BYRD, MICHAEL
2244-48 MEARS PKWY
MARGATE, FL 33063 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: MICHAEL BYRD 04/27/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BYRD, MICHAEL
Address: 4824 NW 124TH WAY
City-St-Zip: CORAL SPRINGS, FL 33076

Title: D ( ) Delete
Name: BYRD, CAROLYN
Address: 4824 NW 124TH WAY
City-St-Zip: CORAL SPRINGS, FL 33076

Title: D ( ) Delete
Name: MALCOLM, JEPTHAH
Address: 2120 NW 64TH TER.
City-St-Zip: SUNRISE, FL 33313

Title: D ( ) Delete
Name: MALCOLM, DELPHINE
Address: 2120 NW 64TH TER.
City-St-Zip: SUNRISE, FL 33313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: BYRD, MICHAEL
Address: 5944 CORAL RIDGE DRIVE PMB 260
City-St-Zip: CORAL SPRINGS, FL 33076

Title: D (X) Change ( ) Addition
Name: BYRD, CAROLYN
Address: 5944 CORAL RIDGE DRIVE PMB 260
City-St-Zip: CORAL SPRINGS, FL 33076

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: MICHAEL BYRD D 04/27/2009
Electronic Signature of Signing Officer or Director Date