2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N08000011098

Entity Name: THE EMPOWERMENT NETWORK GLOBAL, INC.

Current Principal Place of Business:

2800 SW 73RD WAY
APT. 1602
DAVIE, FL 333141015

New Principal Place of Business:

Current Mailing Address:

2800 SW 73RD WAY
APT. 1602
DAVIE, FL 333141015

New Mailing Address:

FEI Number: 26-4675427 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DESIR, CHARLENE
2800 SW 73RD WAY
APT 1602
DAVIE, FL 333141015 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: ( ) Delete
Name:
Address:
City-St-Zip:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. ( ) Change (X) Addition
Name: DEES, DEIDRA
Address: 7315 JACK SPRINGS ROAD
City-St-Zip: ATMORE, AL 36502

Title: DR. ( ) Change (X) Addition
Name: SEALE-COLLAZO, JIMMY
Address: CONDIMINIO EL MONTE175 AVE HOSTOS APT A215
City-St-Zip: SAN JUAN, PR 00918

Title: DR. ( ) Change (X) Addition
Name: DESIR, CHARLENE
Address: 2800 SOUTHWEST 73RD WAY, APT 1602
City-St-Zip: DAVIE, FL 33314

Title: MRS. ( ) Change (X) Addition
Name: MIGNOTT, SARAN C
Address: 541 SOUTH 5TH STREET
City-St-Zip: LINDENHURST, NY 11757

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: SARAN C. MIGNOTT MRS. 04/30/2009

Electronic Signature of Signing Officer or Director — Date