

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000099167

FILED
Apr 30, 2005
Secretary of State

Entity Name: EMPOWERMENT PROGRAMS, INC.

Current Principal Place of Business:

6216 ARLINGTON RD.
JACKSONVILLE, FL 32211

New Principal Place of Business:

4069 ATLANTIC BLVD.
JACKSONVILLE, FL 32207

Current Mailing Address:

4069 ATLANTIC BLVD
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 59-3679796 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLARUSSO, MICHAEL M
5429 LANNIE RD.
JACKSONVILLE, FL 32218 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DIETZ, JOAN
Address: 7117 HANSON DR. NORTH
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: SANDERS, BRIAN
Address: 7117 HANSON DR. NORTH
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: COLARUSSO, MICHAEL M
Address: 5429 LANNIE RD.
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DIETZ, JOAN
Address: 4616 LANCELOT LANE
City-St-Zip: JACKSONVILLE, FL 32210

Title: D (X) Change () Addition
Name: SANDERS, BRIAN
Address: 7117 LANCELOT LANE
City-St-Zip: JACKSONVILLE, FL 32210

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL COLARUSSO

Electronic Signature of Signing Officer or Director

TREA

04/30/2005

Date