2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2012
Secretary of State

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Entity Name: EMPOWERMENT PROGRAMS, INC.

Current Principal Place of Business:

4069 ATLANTIC BLVD.
JACKSONVILLE, FL 32207

New Principal Place of Business:

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

OFFICERS AND DIRECTORS:

Title: D
Name: DEITZ, JOAN
Address: 1304 CHALLEN AVE
City-St-Zip: JACKSONVILLE, FL 32205

Title: D
Name: SANDERS, BRIAN
Address: 1304 CHALLEN AVE
City-St-Zip: JACKSONVILLE, FL 32205

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

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL COLARUSSO TREA 04/29/2012

Electronic Signature of Signing Officer or Director Date