

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000146758

Entity Name: REEMPLOYABILITY, INC.

FILED  
Apr 10, 2008  
Secretary of State

**Current Principal Place of Business:**

3244 PARKSIDE CENTER CIRCLE  
TAMPA, FL 33689

**New Principal Place of Business:**

3244 PARKSIDE CENTER CIRCLE  
TAMPA, FL 33619

**Current Mailing Address:**

P.O. BOX 89367  
TAMPA, FL 33689

**New Mailing Address:**

FEI Number: 20-0451312

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LIVINGSTON, DEBRAE A  
3244 PARKSIDE CENTER CIRCLE  
TAMPA, FL 33689 US

**Name and Address of New Registered Agent:**

LIVINGSTON, DEBRA A  
3244 PARKSIDE CENTER CIRCLE  
TAMPA, FL 33689 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: DEBRA A. LIVINGSTON

04/10/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: LIVINGSTON, DEBRA A  
Address: 5909 CHERRY OAK DRIVE  
City-St-Zip: VALRICO, FL 33594

Title: VP ( ) Delete  
Name: FORD, FRANCES F  
Address: PO BOX 1426  
City-St-Zip: MANGO, FL 33550

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA A. LIVINGSTON

PRES

04/10/2008

Electronic Signature of Signing Officer or Director

Date