

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000146758

Entity Name: REEMPLOYABILITY, INC.

FILED
Feb 17, 2011
Secretary of State

Current Principal Place of Business:

3244 PARKSIDE CENTER CIRCLE
TAMPA, FL 33619

New Principal Place of Business:

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 ()

Name and Address of Current Registered Agent:

LIVINGSTON, DEBRA A
3244 PARKSIDE CENTER CIRCLE
TAMPA, FL 33689 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: PRES
Name: LIVINGSTON, DEBRA A
Address: 5909 CHERRY OAK DRIVE
City-St-Zip: VALRICO, FL 33596

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

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: DEBRA A. LIVINGSTON

PRES

02/17/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date