

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000116040

FILED
Apr 21, 2008
Secretary of State

Entity Name: VOCATIONAL EMPOWERMENT, INC.

Current Principal Place of Business:

717 POINCIANA DRIVE
GULF BREEZE, FL 32561 US

New Principal Place of Business:

Current Mailing Address:

717 POINCIANA DRIVE
GULF BREEZE, FL 32561 US

New Mailing Address:

FEI Number: 20-3438030

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYNCHARD LAW FIRM, P.A.
7552 NAVARRE PARKWAY
SUITE 9
NAVARRE, FL 32566 US

Name and Address of New Registered Agent:

LYNCHARD LAW FIRM, P.A.
1901 ANDORRA ST.
NAVARRE, FL 32566 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:

04/21/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HYCHE, CHRISTOPHER
Address: 717 POINCIANA DRIVE
City-St-Zip: GULF BREEZE, FL 32561 US

Title: VP () Delete
Name: HYCHE, JESSICA
Address: 717 POINCIANA DRIVE
City-St-Zip: GULF BREEZE, FL 32561 US

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: JESSICA R HYCHE

VP

04/21/2008

Electronic Signature of Signing Officer or Director

Date