## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000151688

Entity Name: EMPOWERMENT, INC.

FILED Apr 26, 2007 Secretary of State

Current P	rincipal Plac	e of Business:	New Principal Place	New Principal Place of Business:	
667 BEVINE RD STE A SOUTH DAYTONA, FL 32119			667 BEVILLE RD STE A	STE A	
				SOUTH DAYTONA, FL 32119	
Current N	lailing Addre	ss:	New Mailing Addres	s:	
	SS ROAD SOL JSTINE, FL 32				
FEI Number	: 20-3789449	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
	ODY L 3D ROAD SOI JSTINE, FL 32				
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financir	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PRES () Delete BLAKE, PETER C 3541 KINGS ROAD SOUTH ST. AUGUSTINE, FL 32086		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( JAMES, JODY 3541 KINGS F ST. AUGUSTIN	OAD SOUTH	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	TRES ( JAMES, JODY 3541 KINGS F ST. AUGUSTIN	OAD SOUTH	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	SEC ( BLAKE, PETE 3541 KINGS F		Title: Name: Address:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: PETER C. BLAKE PRES 04/26/2007

ST. AUGUSTINE, FL 32086

City-St-Zip: