

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000035247

FILED
Feb 10, 2012
Secretary of State

Entity Name: E-MPOWER IT SOLUTIONS, INC.

Current Principal Place of Business:

316 THOMASDALE AVENUE
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

316 THOMASDALE AVENUE
HAINES CITY, FL 33844

New Mailing Address:

FEI Number: 27-5549149

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LINCK, HOLLIDAY
316 THOMASDALE AVENUE
HAINES CITY, FL 33844 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: P
Name: LINCK, CHRISTOPHER
Address: 316 THOMASDALE AVENUE
City-St-Zip: HAINES CITY, FL 33844

Title: V
Name: LINCK, HOLLIDAY
Address: 316 THOMASDALE AVENUE
City-St-Zip: HAINES CITY, FL 33844

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: HOLLIDAY LINCK

V

02/10/2012

Electronic Signature of Signing Officer or Director

Date