


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90286 016 ****61.25

DOCUMENT # 769080							
1. Entity Name EXECUTIVE MANAGERS ASSOCIATION, INC. IN THE STATE OF FLORIDA							
Principal Place of Business 21471 WOODCHUCK LANE BOCA RATON, FL 33428 US			Mailing Address 21471 WOODCHUCK LANE BOCA RATON, FL 33428 US				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	4. FEI Number 59-2495382			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
WEBB, MIRIAM R 21471 WOODCHUCK LANE BOCA RATON, FL 33428			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
8. 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. I am familiar with, and accept the obligations of, registered agent.							
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	NEWETT, LYN		NAME	Allen, Kenneth			
STREET ADDRESS	6556 WIDDING BROOK WAY		STREET ADDRESS	1480 Masters Circle #170			
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP	Delray Beach FL 33445-5762			
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FOX, MICHELE		NAME	Lantz, James			
STREET ADDRESS	3101 S. OCEAN BLVD.		STREET ADDRESS	510 Oak Way #102			
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487		CITY-ST-ZIP	Ampano Beach, FL 33069			
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DEARING, GARY		NAME				
STREET ADDRESS	4750 S. OCEAN BLVD. #106		STREET ADDRESS				
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487		CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WEBB, MIRIAM		NAME				
STREET ADDRESS	21471 WOOD CHUCK LANE		STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON, FL 33428		CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RICH, MICHEAL		NAME	Rich, Michael			
STREET ADDRESS	1200 S. OCEAN BLVD.		STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON, FL 33432		CITY-ST-ZIP				
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HATFIELD, BRUCE		NAME	Hatfield, Bruce			
STREET ADDRESS	3912 S. OCEAN BLVD		STREET ADDRESS				
CITY-ST-ZIP	HIGHLAND BCH, FL 33487		CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other, I am empowered.							
SIGNATURE: <i>Miriam R. Webb</i>			Date: <i>3/1/05</i> Daytime Phone #: <i>561-451-4689</i>				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							

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