


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90371 037 \*\*\*\*61.25

<b>DOCUMENT # 769080</b>			
<b>1. Entity Name</b> EXECUTIVE MANAGERS ASSOCIATION, INC. IN THE STATE OF FLORIDA			
<b>Principal Place of Business</b> 21471 WOODCHUCK LANE BOCA RATON, FL 33428 US		<b>Mailing Address</b> 21471 WOODCHUCK LANE BOCA RATON, FL 33428 US	
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
02132007		Chg-NP CR2E037 (12/06)	
<b>4. FCL Number</b> 59-2495382		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>		<input type="checkbox"/> \$8.75 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
WEBB, MIRIAM R 21471 WOODCHUCK LANE BOCA RATON, FL 33428		Name Street Address (P.O. Box Number is Not Acceptable) City	
		FL Zip Code	
<b>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.</b>			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE: S NAME: THOMPSON, LINDA L STREET ADDRESS: 4748 S OCEAN BLVD CITY-ST-ZIP: HIGHLAND BEACH, FL 33487	<input checked="" type="checkbox"/> Delete	TITLE: S NAME: Leopard, Linda STREET ADDRESS: 4748 S. Ocean Blvd CITY-ST-ZIP: Highland Beach FL 33487	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: STERMER, HARTI STREET ADDRESS: 5323 COURTNEY CIR CITY-ST-ZIP: BOYNTON BEACH, FL 33437	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: Stermer, Marti STREET ADDRESS: 5323 Courtney Cir. CITY-ST-ZIP: Boynton Beach FL 33437	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: DEARING, GARY STREET ADDRESS: 4750 S. OCEAN BLVD. #106 CITY-ST-ZIP: HIGHLAND BEACH, FL 33487	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: Dearing, Gary STREET ADDRESS: 1700 S. Ocean Blvd. CITY-ST-ZIP: Pompano Beach FL 33062	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: WEBB, MIRIAM STREET ADDRESS: 21471 WOOD CHUCK LANE CITY-ST-ZIP: BOCA RATON, FL 33428	<input type="checkbox"/> Delete	TITLE: D NAME: Campbell, Don STREET ADDRESS: 2000 S Ocean Blvd CITY-ST-ZIP: Boca Raton FL 33432	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: P NAME: RICH, MICHAEL STREET ADDRESS: 1200 S. OCEAN BLVD. CITY-ST-ZIP: BOCA RATON, FL 33432	<input type="checkbox"/> Delete	TITLE: P NAME: RICH, MICHAEL STREET ADDRESS: 2871 N. OCEAN BLVD. CITY-ST-ZIP: BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: D NAME: Armstrong, John A STREET ADDRESS: 1180 S. Ocean Blvd CITY-ST-ZIP: Boca Raton FL 33432	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered.</b>			
<b>SIGNATURE:</b> <i>Miriam R. Webb</i> Miriam R. Webb		3/7/07 561-451-4689	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	