

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003936

**FILED**  
**Jan 06, 2005**  
**Secretary of State**

**Entity Name:** ENTERPRISE MESSAGING SERVICES, INC.

**Current Principal Place of Business:**

780 E. MARKET STREET, STE. 160  
WEST CHESTER, PA 19382

**New Principal Place of Business:**

10 MYSTIC LANE  
MALVERN, PA 19355

**Current Mailing Address:**

780 E. MARKET STREET, STE. 160  
WEST CHESTER, PA 19382

**New Mailing Address:**

10 MYSTIC LANE  
MALVERN, PA 19355

FEI Number: 23-2644606

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
526 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CP ( ) Delete  
Name: SINGH, ANURAG  
Address: 780 E. MARKET STREET, STE. 160  
City-St-Zip: WEST CHESTER, PA 19382

Title: VPST ( ) Delete  
Name: SINGH, SHARADA  
Address: 780 E. MARKET STREET, STE. 160  
City-St-Zip: WEST CHESTER, PA 19382

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CP (X) Change ( ) Addition  
Name: SINGH, ANURAG  
Address: 10 MYSTIC LANE  
City-St-Zip: MALVERN, PA 19355

Title: VPST (X) Change ( ) Addition  
Name: SINGH, SHARADA  
Address: 10 MYSTIC LANE  
City-St-Zip: MALVERN, PA 19355

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHARADA SINGH

VP

01/06/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date