

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004516

FILED
Mar 18, 2009
Secretary of State

Entity Name: EMC-2 TIMEPIECES INCORPORATED

Current Principal Place of Business:

12481 NW 44 STREET
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

12481 NW 44 STREET
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 20-4935144 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARKSON, THOMAS
1981 WOODLANDS WAY
DEERFIELD BEACH, FL 33442 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: C () Delete
Name: MILLER, EDWARD
Address: 606 BALTIMORE AVENUE SUITE 401
City-St-Zip: TOWSON, MD 21204

Title: VCP () Delete
Name: CLARKSON, THOMAS
Address: 5045 NW 83RD LANE
City-St-Zip: CORAL SPRINGS, FL 33067

Title: DS () Delete
Name: FEINGOLD, JAY
Address: 625 SOUTH BROAD STREET
City-St-Zip: LITITZ, PA 17543

Title: DVPT (X) Delete
Name: RICHARDSON, BERTICA
Address: 12481 NW 44 STREET
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: THOMAS CLARKSON

VCP

03/18/2009

Electronic Signature of Signing Officer or Director

_____ Date