
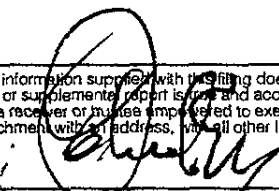


FILED
Mar 31, 2005 08:00 AM
Secretary of State

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 387255	
1. Entity Name ELECTRO MECHANICAL PRODUCTS, INC.	
Principal Place of Business 41 KINDRED AVENUE STUART, FL 34994	Mailing Address 41 KINDRED AVENUE STUART, FL 34994
DO NOT WRITE IN THIS SPACE	
	
03292005 No Chg-P CR2E034 (10/03)	
4. FEI Number 59-1362892	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$6.75 Additional Fee Required
6. Name and Address of Current Registered Agent CYR, JOHN F. 41 KINDRED AVENUE STUART, FL 34994	
DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	
10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD CYR, JOHN F 41 KINDRED AVENUE STUART, FL
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DO NOT WRITE IN THIS SPACE	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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.	
SIGNATURE:  03/29/05 772.286-0158 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone #	