


FILED

Apr 23, 2007 08:00 AM  
Secretary of State

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # 387255</b>	
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
--	--



01122007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**


4. FEI Number 59-1362892	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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:  DATE: 

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

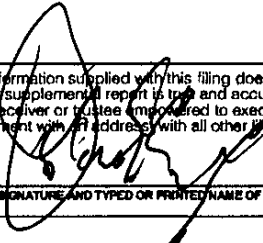
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CYR, JOHN F 41 KINDRED AVENUE STUART, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

000000727215  
05/04/07-80037-024 150.00

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 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 persons empowered.

SIGNATURE:  **JOHN F. CYR** 04/13/07 (772) 341-0269

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #