

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 428493

Entity Name: EMH CORP.

FILED
Apr 28, 2007
Secretary of State

Current Principal Place of Business:

4254 LENNOX DRIVE
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

4254 LENNOX DR.
MIAMI, FL 33133 US

New Mailing Address:

FEI Number: 59-1493134

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELLMAN, EILEEN
4254 LENNOX DR.
MIAMI, FL 33133 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: PS () Delete
Name: ELLMAN, EILEEN,
Address: 4254 LENNOX DR.
City-St-Zip: MIAMI, FL 33133

Title: V () Delete
Name: ELLMAN, STUART,
Address: 4254 LENNOX DR.
City-St-Zip: MIAMI, FL 33133

Title: T () Delete
Name: ELLMAN, DENNIS,
Address: 4254 LENNOX DR.
City-St-Zip: MIAMI, FL 33133

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:

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: EILEEN ELLMAN

P,S

04/28/2007

Electronic Signature of Signing Officer or Director

Date