2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 461387

Entity Name: E.G.M., INC.

FILED Apr 23, 2008 Secretary of State

| Current Principal Place of Business: N | lew Principal Place of Business: |
|--|----------------------------------|
|--|----------------------------------|

21332 AARON CT. LUTZ, FL 33549 HI

Current Mailing Address: New Mailing Address:

21332 AARON CT. LUTZ, FL 33549 HI

FEI Number: 59-1574109 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GLASL, JOHN E CPA CAMPOLONG, EUGENE T PDT 21332 AARON CT. 21332 AARON CT. LUTZ, FL 33549 US LUTZ, FL 33549 US

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: EUGENE T. CAMPOLONG 04/23/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT () Delete Title: () Change () Addition

 Name:
 CAMPOLONG, EUGENE T PDT
 Name:

 Address:
 21332 AARON CT.
 Address:

Address: 21332 AARON C1: Address: City-St-Zip: LUTZ, FL 33549 HI City-St-Zip:

Title: Title: (X) Change () Addition () Delete Name: CORDON, KELLY M V Name: MC MASTERS, DIANA B VPD 21332 AARON CT. 21332 AARON CT. Address: Address: LUTZ, FL 33549 HI LUTZ, FL 33549 HI City-St-Zip: City-St-Zip:

Title: S () Delete Title: S (X) Change () Addition

 Name:
 MC MASTERS, DIANA B S
 Name:
 CORDON, KELLY M S

 Address:
 21332 AARON CT.
 Address:
 21332 AARON CT.

 City-St-Zip:
 LUTZ, FL 33549 HI
 City-St-Zip:
 LUTZ, FL 33549 HI

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: EUGENE T. CAMPOLONG PDT 04/23/2008