

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000004277

FILED
Mar 17, 2009
Secretary of State

Entity Name: ELECTRIC MOBILITY CORPORATION

Current Principal Place of Business:

591 MANTUA BLVD
SEWELL, NJ 08080

New Principal Place of Business:

Current Mailing Address:

591 MANTUA BLVD
SEWELL, NJ 08080

New Mailing Address:

FEI Number: 22-2414579

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALDWELL, RICHARD
2600 DOUGLAS RD
305
CORAL SPRINGS, FL 33134 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: MR () Delete
Name: FLOWERS, MICHAEL CHAIRMA
Address: 591 MANTUA BLVD
City-St-Zip: SEWELL, NJ 08080

Title: MRS () Delete
Name: AUTORE, LINDA PRESIDE
Address: 591 MANTUA BLVD
City-St-Zip: SEWELL, NJ 08080

Title: MR () Delete
Name: FLOWERS, JORDAN SECRETA
Address: 591 MANTUA BLVD
City-St-Zip: SEWELL, NJ 08080

Title: MRS () Delete
Name: FLOWERS, SUSAN TREASUR
Address: 591 MANUTA BLVD
City-St-Zip: SEWELL, NJ 08080

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: MRS (X) Change () Addition
Name: FLOWERS, JORDAN TREASUR
Address: 591 MANUTA BLVD
City-St-Zip: SEWELL, NJ 08080

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: MICHAEL FLOWERS

MR.

03/17/2009

Electronic Signature of Signing Officer or Director

Date