

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002932

FILED
Jan 05, 2006
Secretary of State

Entity Name: EXECUTIVE MANAGEMENT GROUP ENTERPRISES, INC.

Current Principal Place of Business:

435 CLARK ROAD
SUITE 203
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 2089
PETERSBURG, VA 23804

New Mailing Address:

FEI Number: 54-1861012

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, LEVI
200 SE 13TH STREET
FT. LAUDERDALE, FL 33316 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: DR () Delete
Name: THWEATT, ALBERT W
Address: 119 NORTH SYCAMORE STREET
City-St-Zip: N. FT. LAUDERDALE, FL 23803

Title: MR. () Delete
Name: WILLIAMS, LEVI
Address: 1332 AVON LANE
City-St-Zip: N. FT. LAUDERDALE, FL 33068

Title: MR () Delete
Name: THWEATT II, ALBERT W
Address: 404 W. GRACE STREET
City-St-Zip: RICHMOND, VA 23223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: THWEATT, ALBERT W
Address: 119 NORTH SYCAMORE STREET
City-St-Zip: PETERSBURG, VA 23803

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 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: ALBERT W. THWEATT

DR.

01/05/2006

Electronic Signature of Signing Officer or Director

Date