


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State


04-09-2007 90056 047 ***150.00

DOCUMENT # F02000001889	
1. Entity Name EMTEC GROUP, INC.	

Principal Place of Business 572 WHITEHEAD RD, BLDG 1 TRENTON, NJ 08619 US	Mailing Address 572 WHITEHEAD RD, BLDG 1 TRENTON, NJ 08619 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40055170



02152007 Chg-P CR2E034 (12/06)

4. FEI Number 22-3386933	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

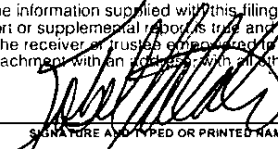
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CEO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESAI, DINESH R		NAME		
STREET ADDRESS	572 WHITEHEAD RD, BLDG 1		STREET ADDRESS		
CITY-STATE-ZIP	TRENTON, NJ 08619		CITY-STATE-ZIP		
TITLE	VS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BHATT, SAMIR R		NAME		
STREET ADDRESS	572 WHITEHEAD RD, BLDG 1		STREET ADDRESS		
CITY-STATE-ZIP	TRENTON, NJ 08619		CITY-STATE-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRABEL, KEITH		NAME		
STREET ADDRESS	572 WHITEHEAD RD, BLDG 1		STREET ADDRESS		
CITY-STATE-ZIP	TRENTON, NJ 08619		CITY-STATE-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEITZ, RONALD A		NAME		
STREET ADDRESS	572 WHITEHEAD RD, BLDG 1		STREET ADDRESS		
CITY-STATE-ZIP	TRENTON, NJ 08619		CITY-STATE-ZIP		
TITLE	CFO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONNELLY, STEPHEN C		NAME		
STREET ADDRESS	572 WHITEHEAD RD, BLDG 1		STREET ADDRESS		
CITY-STATE-ZIP	TRENTON, NJ 08619		CITY-STATE-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALLINGER, VICKI		NAME		
STREET ADDRESS	572 WHITEHEAD RD, BLDG 1		STREET ADDRESS		
CITY-STATE-ZIP	TRENTON, NJ 08619		CITY-STATE-ZIP		

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 reports 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 like empowered.

SIGNATURE:  **ROBERT WAITE** **4/3/07** **856 552-4275**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #