


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90124 023 ***150.00

DOCUMENT # F03000000917	
1. Entity Name EMG EAST, INC.	

Principal Place of Business 34300 LAKELAND BLVD EASTLAKE, OH 44095	Mailing Address 1471 PARTNERSHIP DRIVE GREEN BAY, WI 54304
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4.000000

2. Principal Place of Business - No P.O. Box # 1471 PARTNERSHIP DRIVE		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State GREEN BAY WI		City & State	
Zip 54304	Country USA	Zip	Country



03172008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WALLACE, WILLIAM		NAME	
STREET ADDRESS 34300 LAKELAND BLVD		STREET ADDRESS	
CITY-ST-ZIP EASTLAKE, OH 44095		CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KLEIN, JOEL		NAME	
STREET ADDRESS 34300 LAKELAND BLVD		STREET ADDRESS	
CITY-ST-ZIP EASTLAKE, OH 44095		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CORRIGAN, PATTON R		NAME	
STREET ADDRESS 781 NORTH STREET		STREET ADDRESS	
CITY-ST-ZIP GREENWICH, CT 06831		CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TESSLER, EVAN S		NAME	
STREET ADDRESS 781 NORTH STREET		STREET ADDRESS	
CITY-ST-ZIP GREENWICH, CT 06831		CITY-ST-ZIP	
TITLE VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WALLACE, KATHLEEN		NAME	
STREET ADDRESS 34300 LAKELAND BLVD		STREET ADDRESS	
CITY-ST-ZIP EASTLAKE, OH 44095		CITY-ST-ZIP	
TITLE VPCF	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LUEDKE, SCOTT		NAME	
STREET ADDRESS 1471 PARTNERSHIP DR		STREET ADDRESS	
CITY-ST-ZIP GREEN BAY, WI 54304		CITY-ST-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 report 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: Scott Luedke 4-25-08 920-337-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #