


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90237 036 \*\*\*150.00

<b>DOCUMENT # F03000000940</b> 1. Entity Name <b>EM BOEHM, INC.</b>					
Principal Place of Business <b>25 PRINCELL DIANE LANE TRENTON, NJ 08638</b>			Mailing Address <b>25 PRINCELL DIANE LANE TRENTON, NJ 08638</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
4. FEI Number <b>03-0504727</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04072006    Chg-P    CR2E034 (11/05)	
6. Name and Address of Current Registered Agent  <b>CAPITOL CORPORATE SERVICES, INC. 1333 N. DUVAL ST. TALLAHASSEE, FL 32303</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 reinstating)      DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LOHNER, MICHAEL D</b> <b>1649 FRANKFORD ROAD, WEST</b> <b>CARROLLTON, TX 75007</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RICHARD W. HEATH</b> <b>1649 WEST FRANKFORD RD</b> <b>CARROLLTON, TX 75007</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>APOLLARO, TONY</b> <b>1649 FRANKFORD ROAD WEST</b> <b>CARROLLTON, TX 75007</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MARY-KNIGHT TYLER</b> <b>1649 WEST FRANKFORD RD</b> <b>CARROLLTON, TX 75007</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CICHOCKI, KENNETH J</b> <b>1649 FRANKFORD ROAD WEST</b> <b>CARROLLTON, TX 75007</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BRIAN HERMES</b> <b>1649 WEST FRANKFORD RD</b> <b>CARROLLTON, TX 75007</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>ROBERTSON, LEONARD A</b> <b>1649 FRANKFORD ROAD WEST</b> <b>CARROLLTON, TX 75007</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RICHARD W. HEATH</b> <b>1649 WEST FRANKFORD RD</b> <b>CARROLLTON, TX 75007</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO</b> <b>JASSIL, RICHARD</b> <b>1649 WEST FRANKFORD ROAD</b> <b>CARROLLTON, TX 75007</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PATRICK H. DAUGHERTY</b> <b>1649 WEST FRANKFORD RD</b> <b>CARROLLTON, TX 75007</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <i>Mary-Knight Tyler</i> <b>Mary-Knight Tyler</b>			4-27-06    695-1035		