## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F03000004707

Entity Name: EMERGIN, INC.

FILED Mar 16, 2005 Secretary of State

| Current Principal Place of Business:        |                               |  | New Princ                                   | New Principal Place of Business:  |  |  |
|---|-------------------------------|--|---|---|--|--|
|   | GRESS AVE., 5<br>ON, FL 33487 | STE. 1050                              |   |   |  |  |
| Current Mailing Address:                    |                               |  | New Mailii                                  | New Mailing Address:  |  |  |
|   | GRESS AVE., S<br>ON, FL 33487 |  |   |   |  |  |
| FEI Number:                                 | 65-0616657                    | FEI Number Applied For ( )             | FEI Number Not Appli                        | cable ( ) Certificate of Status Desired ( )   |  |  |
| Name and                                    | Address of Co                 | ırrent Registered Agent:               | Name and                                    | Address of New Registered Agent:  |  |  |
| <b>SUITE 1050</b>                           | GRESS AVENU                   | ,                                      |   |   |  |  |
| The above in the State                      |                               | ubmits this statement for the pur      | rpose of changing it                        | s registered office or registered agent, or both,   |  |  |
| SIGNATUR                                    | E:                            |  |   |   |  |  |
|   | Electroni                     | Signature of Registered Agen           | t   | Date  |  |  |
| Election Cam                                | paign Financing               | Trust Fund Contribution ( ).           |   |   |  |  |
| OFFICERS AND DIRECTORS:                     |                               |  | ADDITION                                    | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:  |  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | MCNEAL, MICHA                 | S AVE., STE. 1050                      | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition   |  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | HAGER, WILLIA                 | S AVE., STE. 1050                      | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition   |  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | ADAMS, SCOTT                  | Delete<br>S AVE., STE. 1050<br>L 33487 | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition   |  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | KLINE, JEFFRE                 | S AVE., STE. 1050                      | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition   |  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | FELCYN, JAMÉS                 | S AVE., STE. 1050                      | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition   |  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | ()                            | Delete                                 | Title:<br>Name:<br>Address:<br>City-St-Zip: | D ( ) Change (X) Addition<br>FLIPPO, ROBERT<br>6400 CONGRESS AVE., STE 1050<br>BOCA RATON, FL 33487 |  |  |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBERT FLIPPO D 03/16/2005