2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # F03000004707

1. Entity Name
EMERGIN, INC.

Principal Place of Business	Mailing Address
6400 CONGRESS AVE., STE. 1050 BOCA RATON, FL 33487	6400 CONGRESS AVE., STE. 1050 BOCA RATON, FL 33487

01172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0616657
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCNEIL, MICHAEL
6400 CONGRESS AVENUE,
SUITE 1050
BOCA RATON, FL 33487

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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. ☐ **$5.00** May Be Added to Fees

U00000596964
01/24/07-80017-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	MCNEAL, MICHAEL A
STREET ADDRESS	6400 CONGRESS AVE., STE. 1050
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	D
NAME	HAGER, WILLIAM D
STREET ADDRESS	6400 CONGRESS AVE., STE. 1050
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	D
NAME	ADAMS, SCOTT
STREET ADDRESS	6400 CONGRESS AVE., STE. 1050
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	D
NAME	KLINE, JEFFREY
STREET ADDRESS	6400 CONGRESS AVE., STE. 1050
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	D
NAME	FELCYN, JAMES J
STREET ADDRESS	6400 CONGRESS AVE., STE. 1050
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	D
NAME	FLIPPO, ROBERT
STREET ADDRESS	6400 CONGRESS AVE., STE 1050
CITY-ST-ZIP	BOCA RATON, FL 33487

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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: Robert S. Flippo 1/17/07 561-886-3111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #