

FILED
Feb 03, 2006 08:00 AM
Secretary of State

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # F04000001695

1. Entity Name
 EMERGENCY RESPONSE MARKETING, INC.

Principal Place of Business
 10061 RIVERSIDE DRIVE, SUITE #364
 TOLUCA LAKE, CA 91602

Mailing Address
 10061 RIVERSIDE DRIVE, SUITE #364
 TOLUCA LAKE, CA 91602



DO NOT WRITE IN THIS SPACE

01182008 No Chg-P CR2E034 (11/05)

4. FEI Number
 95-4764492

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
 2731 EXECUTIVE PARK DRIVE
 SUITE 4
 WESTON, FL 33331

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 IN THIS SPACE**

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 _____
(The name of person for a registered agent and the individual) (NOTE: Registered Agent signature needs to be in original)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
 Trust Fund Contribution \$5.00 May Be
 Added to Fees

U00000418627
 02/14/06-80014-013 150.00

10. OFFICERS AND DIRECTORS

NAME BREINDEL, WILLIAM	STREET ADDRESS 10061 RIVERSIDE DRIVE, SUITE #364	CITY-ST-CP TOLUCA LAKE, CA 91602
NAME ISAACSON, JAMES	STREET ADDRESS 10061 RIVERSIDE DRIVE, SUITE #364	CITY-ST-CP TOLUCA LAKE, CA 91602
NAME	STREET ADDRESS	CITY-ST-CP
NAME	STREET ADDRESS	CITY-ST-CP
NAME	STREET ADDRESS	CITY-ST-CP

**DO NOT WRITE
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions provided 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 filers approved.

SIGNATURE: *James Isaacson* 1-20-06 818.754.1620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR