

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003153

FILED
Mar 17, 2009
Secretary of State

Entity Name: EMPLOYMENT MANAGEMENT PROFESSIONALS INC.

Current Principal Place of Business:

470 DOVERCOURT ROAD
TORONTO
ONTARIO CANADA M6H 2W4, XX XX

New Principal Place of Business:

130 CARLTON STREET SUITE 1510
TORONTO
ONTARIO CANADA M5A 4K3, XX XX

Current Mailing Address:

470 DOVERCOURT ROAD
TORONTO
ONTARIO CANADA M6H 2W4, XX XX

New Mailing Address:

130 CARLTON STREET SUITE 1510
TORONTO
ONTARIO CANADA M5A 4K3, XX XX

FEI Number: 98-0431528

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCorp SERVICES, INC
17888 67 CT N
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: ANDERSON, ALLEN
Address: 470 DOVERCOURT ROAD
City-St-Zip: TORONTO ONT CANADA M6H2W4, XX XX

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PC (X) Change () Addition
Name: ANDERSON, ALLEN
Address: 130 CARLTON STREET SUITE 1510
City-St-Zip: TORONTO ON CANADA M5A 4K3, XX XX

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ALLEN ANDERSON

PRES

03/17/2009

Electronic Signature of Signing Officer or Director

Date