


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jul 19, 2007 08:00 AM
Secretary of State**

DOCUMENT # F06000007815 1. Entity Name EMWC, INC.	
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Principal Place of Business 11450 SE DIXIE HWY., SUITE 203 HOBE SOUND, FL 33455	Mailing Address 11450 SE DIXIE HWY., SUITE 203 HOBE SOUND, FL 33455
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07022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3500842	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CASPERSEN, FINN M
11450 SE DIXIE HWY., SUITE 203
HOBE SOUND, FL 33455

**DO NOT WRITE
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 _____
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
Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDAS CASPERSEN, ERIK M 11450 SE DIXIE HWY., SUITE 203 HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CASPERSEN, BARBARA M 11450 SE DIXIE HWY., SUITE 203 HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KEEGAN, LUCILLE F 11450 SE DIXIE HWY., SUITE 203 HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WARREN, WILLIAM B 1301 AVE. OF THE AMERICA'S NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CASPERSEN, ANDREW W 11450 SE DIXIE HWY., SUITE 203 HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CASPERSEN, SAMUEL M 11450 SE DIXIE HWY., SUITE 203 HOBE SOUND, FL 33455

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07/19/07-80005-016 150.00

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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: Lucille F Keegan Lucille F Keegan 7/11/07 772-545-9052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #