2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # F06000007815

1. Entity Name
EMWC, INC.

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

02192008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3500842
Applied For
Not Applicable

5. Certificate of Status Desired ☐ $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

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

000008331150
03/25/08-80053-024 150.00

10. OFFICERS AND DIRECTORS

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

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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: _____ 3-7-08 772-545-9028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #