2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 14, 2007 8:00 am DOCUMENT # J32224 **Secretary of State** 1. Entity Namo 03-14-2007 90034 029 ***150.00 E - MART INTERNATIONAL INC. Principal Place of Business Mailing Address % EDWARD G. FORTIN 3605 BOCA CIEGA DR., APT. 212 NAPLES FL 34112 % EDWARD G. FORTIN 3605 BOCA CIEGA DR., APT. 212 NAPLES FL 34112 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-2740283 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FORTIN, EDWARD G. Street Address (P.O. Box Number is Not Acceptable) 3605 BOCA CIEGA DR. APT. 212 NAPLES FL 33962 3411 & FL City Zip Code 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DΡ Delete THE THE Change Addition FORTIN, EDWARD G. NAMI NAME 3605 BOCA CIEGA DR. #212 STREET ADDRESS STREET ADDRESS NAPLES FL CITY - ST - 7IP CITY - S1 - ZIP THE ☐ Delete IIII ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP THE ☐ Delete THLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP 11111 ☐ Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 eath; 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.

EDWARD G. FORTH

FILED

Daylime Phone #