2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K53444

FEI Number: 59-2931350

Entity Name: EMANUEL CORP.

FILED Apr 11, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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2990 S. FISKE BLVD #D-1 2990 S. FISKE BLVD

ROCKLEDGE, FL 32955 US OFFICE

ROCKLEDGE, FL 32955 US

Current Mailing Address: New Mailing Address:

2990 S. FISKE BLVD #D-1 2990 S. FISKE BLVD

ROCKLEDGE, FL 32955 US OFFICE

FEI Number Applied For ()

ROCKLEDGE, FL 32955 US

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILHELM, WALSER WALSER, WILHELM A 2990 S FISKE BLVD. D-1 2990 S FISKE BLVD. D-1 D-1

OCKLEDGE, FL 32955 US D-1 ROCKLEDGE, FL 32955 US

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: WILHELM WALSER 04/11/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD () Delete Title: () Change () Addition

 Name:
 WALSER, PAUL E.,
 Name:

 Address:
 2990 S. FISKE BLVD #D-1
 Address:

 City-St-Zip:
 ROCKLEDGE, FL
 City-St-Zip:

Title: VSD () Delete Title: () Change () Addition

 Name:
 WALSER, DANIELA M.,
 Name:

 Address:
 2990 S. FISKE BLVD #D-1
 Address:

 City-St-Zip:
 ROCKLEDGE, FL
 City-St-Zip:

Title: VAS () Delete Title: VPD (X) Change () Addition Name: WALSER, WILHELM A., Name: WALSER, WILHELM A.,

Name: WALSER, WILHELM A.,
Address: 2990 S. FISKE BLVD #D-1
City-St-Zip: ROCKLEDGE, FL

Name: WALSER, WILHELM A.,
Address: 2990 S. FISKE BLVD #D-1
City-St-Zip: ROCKLEDGE, FL

Title: () Delete Title: S () Change (X) Addition

 Name:
 Name:
 WALSER, OLIVER W

 Address:
 Address:
 2990 S. FISKE BLVD. D-1

 City-St-Zip:
 City-St-Zip:
 ROCKLEDGE, FL 32955

I hereby certify that the information supplied with this filing does not qualify for the 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: WILHELM WALSER VSD 04/11/2006