2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L01390

FILED Apr 29, 2007 Secretary of State

Entity Name: EMMAN ENTERPRISES, INC.

·	Place of Business:	New Principal Place of Business:
14010 NW 20TH (OPA-LOCKA, FL		
Current Mailing /	Address:	New Mailing Address:
14010 NW 20TH (OPA-LOCKA, FL		
FEI Number: 65-0181	870 FEI Number Applied For	() FEI Number Not Applicable () Certificate of Status Desired ()
Name and Addre	ss of Current Registered Age	ent: Name and Address of New Registered Agent:
OKPALA, EMMAN 20050 N.W. 65 CT MIAMI, FL 33015		
The above named in the State of Flor		or the purpose of changing its registered office or registered agent, or both,
SIGNATURE:		
	lectronic Signature of Register	red Agent Date
E	lectronic Signature of Register	•
E	inancing Trust Fund Contribution (•
Election Campaign F OFFICERS AND I Title: PR Name: OKPAL Address: 20050	inancing Trust Fund Contribution ().
Election Campaign F OFFICERS AND I Title: PR Name: OKPAL Address: 20050 City-St-Zip: MIAMI, Title: VP Name: OKPAL Address: 5389 N	inancing Trust Fund Contribution (DIRECTORS: () Delete A, EMMANUEL N. W. 65 CT.). ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Title: () Change () Addition Name: Address:
Election Campaign F OFFICERS AND I Title: PR Name: OKPAL Address: 20050 City-St-Zip: MIAMI, Title: VP Name: OKPAL Address: 5389 N City-St-Zip: MIAMI, Title: S Name: OKPAL Address: OKPAL	inancing Trust Fund Contribution (DIRECTORS: () Delete A, EMMANUEL N. W. 65 CT. FL 33015 () Delete A, NKECHI W 188 STREET	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:

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: EMMANUEL OKPALA PRES 04/29/2007