2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L24230

Entity Name: EWMARK, INC.

1259 BAYSHORE RD

GULF BREEZE, FL 32563

Address: City-St-Zip: FILED May 20, 2007 Secretary of State

| Littly Na | IIIC. EVVIVIARI | λ, πνο. | | | |
|---|---|---|---|--|--|
| Current P | rincipal Place | of Business: | New Principal Place | New Principal Place of Business: | |
| | SHORE ROAD EEZE, FL 3256 | 53 | | | |
| Current Mailing Address: | | | New Mailing Addres | New Mailing Address: | |
| | SHORE ROAD EEZE, FL 3256 | | | | |
| FEI Number | : 59-2878937 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | Address of C | urrent Registered Agent: | Name and Address | Name and Address of New Registered Agent: | |
| 1259 BÁYS GULF BRE The above | AYMOND M. SHORE ROAD EEZE, FL 3256 named entity se of Florida. | | ourpose of changing its registere | d office or registered agent, or both, | |
| SIGNATUI | RE: | | | | |
| | Electron | ic Signature of Registered Age | ent | Date | |
| | | 3(2)(b), F.S., the corporation did no g Trust Fund Contribution (). | ot receive the prior notice. | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | PD () EWING, RAYM 1259 BAYSHOF GULF BREEZE | RE RD. | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VD () SHIRILAU, MAR 20 LINCOLN IRVINE, CA 92 | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | TSVD () EWING, MICHA | Delete EL R | Title: Name: | () Change () Addition | |

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.

Address:

City-St-Zip:

SIGNATURE: MICHAEL R. EWING TSVD 05/20/2007