2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 18, 2006 08:00 AM Secretary of State

ANNUAL REPURI							
DOCUMENT # L64021 1. Entity Name EMRICK MANAGEMENT SERVICES, INC. Principal Place of Business 4026 SILVER PALM RD Mailing Address 4026 SILVER PALM RD							
Principal Place of Business	Mailing Address						
APT. A	APT. A	-					
VERO REACH EL 32963 - LIS	VERO REACH FL 32963						

VERO DERGIT	, (L 32000 00		<u></u>				
DO NOT WRITE IN THIS SPACE			CE	01102006 No Chg-P			
	6. Name and Address of Current Regis	tered Agent				ē	
EMRICK, CATHERINE A P. 4026 SILVER PALM RD APT. A VERO BEACH, FL 32963			DO NOT WRITE IN THIS SPACE				
	named entity submits this statement for the poons of registered agent	surpose of changing its registere	ed office or register	red agent, or bo	th, in the State of Flo		ar with, and accept
	Signature Typed or phr/led name of registered agent and title	if applicable (NOTE, Registered	d Agent signature required	d when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finantity Trust Fund Contribution.			ncing \$5	.00 May Be led to Fees			
10.	OFFICERS AND DIREC	TORS					
THILE NAME STREET ADORESS CITY-ST-ZIP	P EMRICK, CATHERINE 4026 SILVER PALM RD, APT. A VERO BEACH, FL 32963						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					11000003 01/23/06-8	190423 30027-015	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_			IN T	THIS SF	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				·	·	-	-
TITLE NAME STREET ADDRESS							

12. I hereby certify that the information supplied with this filling 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 species 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 of changed, or on an attagriment with an address, with all other like empowered.

SIGNATURE: CAtherine Smrick 1/14/06

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CATHERINE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR