

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M79764

Entity Name: EMORY, INC.

FILED
Jul 14, 2006
Secretary of State

Current Principal Place of Business:

2818 CAPITA CIRCLE NE
2818 CAPITAL CR. N.E.
TALLAHASSEE, FL 32308 US

Current Mailing Address:

2818 CAPITAL CR NE
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

2819 CAPITA CIRCLE NE
2819 CAPITAL CR. N.E.
TALLAHASSEE, FL 32308 US

New Mailing Address:

2819 CAPITAL CR NE
TALLAHASSEE, FL 32308 US

FEI Number: 59-2894797

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRIS, EMORY
2818 CAPITAL CR. N.E.
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

MORRIS, EMORY
2819 CAPITAL CR. N.E.
TALLAHASSEE, FL 32308 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:

07/14/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MORRIS, EMORY,
Address: 2818 CAPITAL CR. N.E.
City-St-Zip: TALLAHASSEE, FL

Title: V () Delete
Name: MORRIS, WILLIAM T.,
Address: 2818 CAPITAL CR. N.E.
City-St-Zip: TALLAHASSEE, FL

Title: ST () Delete
Name: MORRIS, BARBARA ANNE,
Address: 2818 CAPITAL CR. N.E.
City-St-Zip: TALLAHASSEE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MORRIS, EMORY,
Address: 2819 CAPITAL CR. N.E.
City-St-Zip: TALLAHASSEE, FL

Title: V (X) Change () Addition
Name: MORRIS, WILLIAM T.,
Address: 2819 CAPITAL CR. N.E.
City-St-Zip: TALLAHASSEE, FL

Title: ST (X) Change () Addition
Name: MORRIS, BARBARA ANNE,
Address: 2819 CAPITAL CR. N.E.
City-St-Zip: TALLAHASSEE, FL

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: EMORY MORRIS

V

07/14/2006

Electronic Signature of Signing Officer or Director

Date