


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N04000007336</b> 1. Entity Name <b>EMMA PAISLEY'S PLACE, INC</b>					
Principal Place of Business 8551 NW 46TH ST LAUDERHILL, FL 33351 US				Mailing Address 8551 NW 46TH ST LAUDERHILL, FL 33351 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				4/ FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FRANKLIN, ELIZABETH V</b> <b>8551 NW 46TH ST</b> <b>LAUDERHILL, FL 33351</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>		<b>300048868983</b> <b>03/22/05--01040--021 **70.00</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P, <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FRANKLIN, ELIZABETH V	NAME			
STREET ADDRESS	8551 NW 46TH ST	STREET ADDRESS			
CITY-ST-ZIP	LAUDERHILL, FL 33351	CITY-ST-ZIP			
TITLE	VP, <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FRANKLIN, EDWARD W	NAME			
STREET ADDRESS	8551 NW 46TH ST	STREET ADDRESS			
CITY-ST-ZIP	LAUDERHILL, FL 33351	CITY-ST-ZIP			
TITLE	TRES <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRESCIA, JOSEPH N	NAME	Treasurer		
STREET ADDRESS	8551 NW 46TH ST	STREET ADDRESS	Alison Wells Selbig		
CITY-ST-ZIP	LAUDERHILL, FL 33351	CITY-ST-ZIP	4348 NW 120 Lane		
TITLE	SEC, <input checked="" type="checkbox"/> Delete	TITLE	Sunrise, FL 33323		
NAME	BRESCIA, PHYLLIS S	NAME	Secretary		
STREET ADDRESS	8551 NW 46TH ST	STREET ADDRESS	Elise Zanetti		
CITY-ST-ZIP	LAUDERHILL, FL 33351	CITY-ST-ZIP	8360 NW 27 Pl		
TITLE	<input type="checkbox"/> Delete	TITLE	Sunrise, FL 33323		
NAME		NAME	Executive Director		
STREET ADDRESS		STREET ADDRESS	Kris Angelone		
CITY-ST-ZIP		CITY-ST-ZIP	4340 NW 94 Ter		
TITLE	<input type="checkbox"/> Delete	TITLE	Sunrise, FL 33351		
NAME		NAME	Event Coordinator		
STREET ADDRESS		STREET ADDRESS	Sara Guido		
CITY-ST-ZIP		CITY-ST-ZIP	3245 NW 106 Ter		
TITLE	<input type="checkbox"/> Delete	TITLE	Sunrise, FL 33351		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Elizabeth Franklin</i> <b>2-7-05</b>					