2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004015

Entity Name: EMISSARY INTERNATIONAL, INC.

FILED Apr 06, 2005 Secretary of State

Current Principal Place of Business:					New Principal Place of Business:		
10415 RIVERSIDE DRIVE PALM BEACH GARDENS, FL 33410 US					3970 RCA BLVD., ST PALM BEACH GARD		US
Current Mailing Address:					New Mailing Address:		
10415 RIVERSIDE DRIVE PALM BEACH GARDENS, FL 33410 US					3970 RCA BLVD., STE 7001 PALM BEACH GARDENS, FL 33410 US		
FEI Number:	65-0648165	FEI Number A	pplied For ()	FEI Nur	nber Not Applicable()	Certificate of S	tatus Desired (X)
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:		
HUDSON, LISE L ESQ 515 NORTH FLAGLER DR. STE. 600 WEST PALM BEACH, FL 33401 US					HUDSON, LISE L ESQ 174 BENT TREE DRIVE PALM BEACH GARDENS, FL 33418 US		
The above in the State		ubmits this st	atement for the p	ourpose o	f changing its registere	ed office or registe	red agent, or both,
SIGNATURE: LISE L. HUDSON					04/06/2005		
Electronic Signature of Registered Agent				Date			
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	DP () Delete BENZ, JONATHAN D 3630 WHITEHALL DRIVE #403 WEST PALM BEACH, FL 33401				Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete BENZ, NORMAN D 10254 ALLAMANDA CIRCLE : PALM BEACH GARDENS, FL 33410				Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DT () Delete HUDSON, LISE 174 BENT TREE DRIVE : PALM BEACH GARDENS, FL 33418				Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:					Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	D () VARNADORE, R	Delete ROBERT			Title: Name:	() Change () Addi	tion

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, 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: JONATHAN D. BENZ DP 04/06/2005

6370 DRAKE STREET

JUPITER, FL 33458

Address:

City-St-Zip: