

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004015

FILED
Apr 26, 2007
Secretary of State

Entity Name: EMISSARY INTERNATIONAL, INC.

Current Principal Place of Business:

9153 ROAN LANE
PALM BEACH GARDENS, FL 33403 US

New Principal Place of Business:

Current Mailing Address:

9153 ROAN LANE
PALM BEACH GARDENS, FL 33403 US

New Mailing Address:

FEI Number: 65-0648165 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HUDSON, LISE L ESQ
174 BENT TREE DRIVE
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

BENZ, JONATHAN D
9153 ROAN LANE
PALM BEACH GARDENS, FL 33403 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: JONATHAN D. BENZ

04/26/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BENZ, JONATHAN D
Address: 3630 WHITEHALL DRIVE #403
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: BENZ, NORMAN D
Address: 10254 ALLAMANDA CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: DT (X) Delete
Name: HUDSON, LISE
Address: 174 BENT TREE DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: DS () Delete
Name: BRETTLER, CARL
Address: 4 HEBRON HALL, CROSS COMMON RD
City-St-Zip: DINAS POWYS, WALES, UK CF64 4YB

Title: D () Delete
Name: TREACY, RICHARD
Address: 14 DOWNSHIRE CRESCENT, HILLSBOROUGH
City-St-Zip: CO DOWN, NORTHERN IRELAND, UK BT26 6DD

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JONATHAN D. BENZ

DP

04/26/2007

Electronic Signature of Signing Officer or Director

Date