

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90003 022 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000076144
 1. Entity Name
 EMERALD TIGER REAL ESTATE AND FINANCIAL SERVICES, INC.

DO NOT WRITE IN THIS SPACE

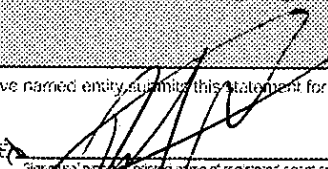
2. Principal Place of Business 728 LINCOLN AVE. Suite, Apt. #, etc.: 2	3. Mailing Address P.O. BOX 1253 Suite, Apt. #, etc.
City & State MELBOURNE, FL	City & State MELBOURNE, FL
Zip 32901-4806 Country USA	Zip 32902-1253 Country USA

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4. FE# Number 593662351	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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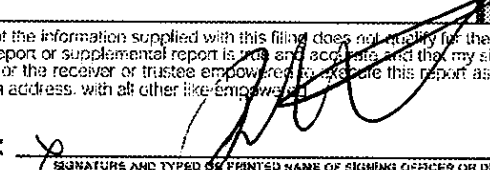
7. Name and Address of Current Registered Agent
 Name ROBIN SHANE WENGERT
 Street Address (P.O. Box Number is Not Acceptable)
 728 LINCOLN AVE, STE 2
 City MELBOURNE FL Zip Code 32901-4806

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.
 SIGNATURE:  ROBIN SHANE WENGERT 1-2-02
(Signature of business officer or registered agent and title if applicable) (Date) (Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE PRES., V.P., SECRETARY	NAME ROBIN SHANE WENGERT	TITLE	NAME
STREET ADDRESS 241 FORECAST LN.	CITY-STATE-ZIP ROCKLEDGE, FL 32952	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP	STREET ADDRESS	CITY-STATE-ZIP

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13. 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 file this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like employees.
 SIGNATURE:  1-2-02 321-984-3839
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034B (12/01)