

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P01000019228

1. Entity Name  
EMMETT INVESTMENTS, INC.



Principal Place of Business  
521 NORTHLAKE BLVD  
#3&4  
NORTH PALM BEACH, FL 33408

Mailing Address  
521 NORTHLAKE BLVD  
#3&4  
NORTH PALM BEACH, FL 33408

**DO NOT WRITE IN THIS SPACE**

**FILED  
Feb 27, 2006 8:00 am  
Secretary of State**

02-27-2006 90046 033 \*\*\*150.00



02132006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1076816	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CRANE, ROBERT L ESQ  
BOOSE CASEY CILKIN ET AL  
515 N FLAGLER DR 18TH FL  
WEST PALM BEACH, FL 33401

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EMMETT, PAUL 521 NORTH LAKE BLVD. NORTH PALM BEACH, FL 33408
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-06 561-845-9690  
Date Daytime Phone #

Paul Emmett