2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000036603

1. Entity Name
EMLYNNE, INC.

Principal Place of Business	Mailing Address
4803 SW 119TH AVE. COOPER CITY, FL 33330	4803 SW 119TH AVE. COOPER CITY, FL 33330

DO NOT WRITE IN THIS SPACE

04102006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1108612
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RASMUSSEN, LINDA L
4803 SW 119TH AVE.
COOPER CITY, FL 33330

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

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

U00000514791
04/29/06-80175-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	CEOP
NAME	RASMUSSEN, LINDA L
STREET ADDRESS	4803 SW 119TH AVE.
CITY-ST-ZIP	COOPER CITY, FL 33330
TITLE	VP
NAME	SOVERNS, STEPHANIE D
STREET ADDRESS	4803 SW 119 AVE
CITY-ST-ZIP	COOPER CITY, FL 33330
TITLE	D
NAME	RASMUSSEN, DOUGLAS E.
STREET ADDRESS	4803 SW 119 AVE
CITY-ST-ZIP	COOPER CITY, FL 33330
TITLE	SEC
NAME	WOODS, CHERYL L
STREET ADDRESS	4803 SW 119 AVE
CITY-ST-ZIP	COOPER CITY, FL 33330
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Linda L Rasmussen 4-11-06 954-294-3682
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #