

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90116 034 ***150.00

DOCUMENT # P01000036603					
1. Entity Name EMLYNNE, INC.					
Principal Place of Business 4803 SW 119TH AVE. COOPER CITY, FL 33330			Mailing Address 4803 SW 119TH AVE. COOPER CITY, FL 33330		
2. Principal Place of Business - No P.O. Box # <i>2725 Hwy A1A #202</i>		3. Mailing Address <i>2725 Hwy A1A</i>			
Suite, Apt. #, etc. <i>#202</i>		Suite, Apt. #, etc. <i>#202</i>			
City & State <i>Indianapolis, IN</i>		City & State <i>Indianapolis, IN</i>		4. FEI Number 65-1108612	
Zip <i>32903</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RASMUSSEN, LINDA L. 4803 SW 119TH AVE. COOPER CITY, FL 33330 <i>2725 Hwy A1A #202</i> <i>Indianapolis, IN 32903</i>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering))</small> DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP <input type="checkbox"/> Delete RASMUSSEN, LINDA L 4803 SW 119TH AVE. COOPER CITY, FL 33330		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>2725 Hwy A1A #202</i> <i>Indianapolis, IN 32903</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete SOVERNS, STEPHANIE D 4803 SW 119 AVE COOPER CITY, FL 33330		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>9410 Live Oak Place #309</i> <i>Ft. Lauderdale, FL 33325</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete RASMUSSEN, DOUGLAS E 4803 SW 119 AVE COOPER CITY, FL 33330		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>9410 Live Oak Place #309</i> <i>Ft. Lauderdale, FL 33325</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC <input type="checkbox"/> Delete WOODS, CHERYL L 4803 SW 119 AVE COOPER CITY, FL 33330		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>9410 Live Oak Pl. #202</i> <i>Ft. Lauderdale, FL 33325</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-21-08 954-294-3682 <small>Date Daytime Phone #</small>		