2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000094397

FILED May 03, 2006 8:00 am Secretary of State

RANDI EMERMAN & ASSOCIATES, INC.							05-03-2006 90212 036 ***150.00				
Principal Plac	ce of Business	Ma	ailing Address			-					
	AVISTAST 10862 N		•	REET-10	0862 NW	315 DT					
	CA 91602 COPCU						111 1 11 3 11 4 11 11 6 6 111 6 6 11		 	[[] [] [] []	
2. Principal Place of Business		3.	Mailing Address		•						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03232006	Chg-P	CR2E034	(11/05)		
City & State			City & State			4. FEI Number 54-2078	271			plied For t Applicable	
Zip	Country		Zip	Coun	ntry	5. Certificate o	f Status Desired		8.75 Addiee Required		
	6. Name and Address of	of Current Regis	tered Agent			7. Name and A	ddress of New R	egistered Ag	ent		
EMERMAI	N RANDI				Name	-					
EMERMAN, RANDI 10444 NW 4 STREET CORAL SPRINGS, FL 33071					Street Addres	ss (P.O. Box Number	is Not Acceptable	e)			
 ,	-			* 4							
					City			FL	Zip Code		
	e named entity submits this st tions of registered agent.	tatement for the p	ourpose of changing its	register	red office or regis	istered agent, or both	, in the State of Flo	orida. I am fai	miliar with,	and accept	
OLONIATUDE.											
SIGNATURE.											
SIGNATURE.	Signature, typed or printed name of re-	gistered agent and title	if applicable. (NOT	E: Registere	ed Agent signature requ	quired when reinstating)		DATE			
FIL		50.00	9. Election Campa Trust Fund Conf	ign Finar	ncing\$	\$5.00 May Be Added to Fees		DATE			
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in ereby 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 rivisted 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:

SICHSTHURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/06 954-648-525