2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000123351

Title:

Name: Address:

City-St-Zip:

FILED Mar 31, 2009 Secretary of State

Entity Name: EMERSON MANAGEMENT GROUP, INC. **Current Principal Place of Business: New Principal Place of Business:** 8984 LAKES BLVD 8984 LAKES BLVD W PALM BCH, FL 33412 W PALM BCH, FL 33412 15 **Current Mailing Address: New Mailing Address:** 8984 LAKES BLVD 8984 LAKES BLVD W PALM BCH, FL 33412 W PALM BCH, FL 33412 15 FEI Number: 05-0544196 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: H.A. INCORPORATED 308 NW 101 TFR CORAL SPRINGS, FL 33071 US 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition KRAVETZ, MARGARET A KRAVETZ, MARGARET A PST Name: Name: 8984 LAKES BLVD 8984 LAKES BLVD Address: Address: City-St-Zip: W PALM BCH, FL 33412 US City-St-Zip: W PALM BCH, FL 33412 US Title: Title: () Delete (X) Change () Addition Name: KRAVETZ, GERALD Name: KRAVETZ, GERALD VPAS 8984 LAKES BLVD 8984 LAKES BLVD Address: Address: W PALM BCH, FL 33412 US W PALM BCH, FL 33412 US City-St-Zip: City-St-Zip: Title: (X) Change () Addition Title: () Delete HUBBARD, CASEY L HUBBARD, CASEY L VP Name: Name: 646 HAMPSTEAD AVENUE 646 HAMPSTEAD AVENUE Address: Address: City-St-Zip: CASTLE ROCK, CO 80104 US City-St-Zip: CASTLE ROCK, CO 80104 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MARGARET A. KRAVETZ PRES 03/31/2009

() Delete

() Change (X) Addition

HEWETT, DAVID W MGRM

983 N.E. ROGHAN STREET

HILLSBORO, OR 97124 US