
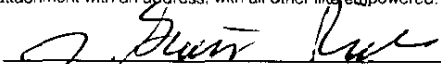


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90030 011 \*\*\*150.00

<b>DOCUMENT # P04000059180</b> 1. Entity Name <b>EMRP, INC.</b>					
Principal Place of Business <b>1360 UNION HILL RD., SUITE 4-E ALPHARETTA, GA 30004</b>			Mailing Address <b>1360 UNION HILL RD., SUITE 4-E ALPHARETTA, GA 30004</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. <b>Suite 1-E</b>		Suite, Apt. #, etc. <b>Suite 1-E</b>			
City & State		City & State			
Zip		Country		Zip	
Country		Country		4. FEI Number <b>04-3807902</b>	
5. Certificate of Status Desired <input type="checkbox"/>		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>\$8.75 Additional Fee Required</b>		<b>PYE, THOMAS G 3909 W NEWBERRY RD STE C GAINESVILLE, FL 32601</b>		Name Street Address (P.O. Box Number is Not Acceptable) City	
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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)		DATE	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, KEITH 6601 SW 35TH WAY GAINESVILLE, FL 32608	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S Fairchild, Jeff 1896 Grey stone Oaks Way Atlanta, GA 30345	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RIDDLE, JAMES S 3765 CRESTWOOD PL. CUMMING, GA 30041	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, KARL 520 GLENLEAF DR. CUMMING, GA 30041	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEMP, WILLIAM 145 ASHTON CT. ROSWELL, GA 30076	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLSON, JOHN 687 TRILLIUM LANE LILBURN, GA 30047	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OETINGER, MIKE 2485 EMERALD RIDGE CT. ATLANTA, GA 30345	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C	<input checked="" 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.					
<b>SIGNATURE:</b> 			2-7-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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