2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005
Secretary of State

DOCUMENT# P04000059273

Entity Name: EMPIRE MANAGEMENT & DEVELOPMENT GROUP, INC.

Current Principal Place of Business:

442 N. DILLARD STREET
SUITE 1
WINTER GARDEN, FL 34787 US

New Principal Place of Business:

8803 LAKE MABEL DRIVE
ORLANDO, FL 32836 US

Current Mailing Address:

P.O. BOX 73
WINDERMERE, FL 34786

New Mailing Address:

FEI Number: 04-3789557 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZAKHARY, PETER
442 N. DILLARD STREET
SUITE 1
WINTER GARDEN, FL 34787 US

Name and Address of New Registered Agent:

ZAKHARY, PETER
PO BOX 73
WINDERMERE, FL 34786 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: _____ 03/29/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DVPT ( ) Delete
Name: ZAKHARY, PETER
Address: 442 N. DILLARD STREET, SUITE 1
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: DPS ( ) Delete
Name: HARVEY, TOM
Address: 442 N. DILLARD STREET, SUITE 1
City-St-Zip: WINTER GARDEN, FL 34787 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVPT (X) Change ( ) Addition
Name: ZAKHARY, PETER
Address: PO BOX 73
City-St-Zip: WINDERMERE, FL 34786 US

Title: DPS (X) Change ( ) Addition
Name: HARVEY, TOM
Address: 8803 LAKE MABEL DRIVE
City-St-Zip: ORLANDO, FL 32836 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: TOM HARVEY DPS 03/29/2005
Electronic Signature of Signing Officer or Director — Date