## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 14, 2007 8:00 am Secretary of State

DOCUMENT # P04000105220  1. Entity Name EM GROUP HOLDINGS, INC.					05-14-2007 90096 037 ***150.00			
Principal Place	e of Business	Mailing Address	!		AG	113364		
2501 63RD A BRADENTON,	AVENUE EAST	2501 63RD AVENUE EAST Bradenton, FL 34203			40	11300-		
2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05092007	Chg-P	CR2E034 (12/06	i)	
City & State		City & State			4. FEI Numbe NOT AF	er PPLICABLE	<del></del>	Applied For Not Applicable
Zip Country		Zip	Country		5. Certificate	of Status Desired	□ \$8.75 A	
	6. Name and Address of Current	Registered Agent	' 		7. Name and	Address of New R	······································	
DOCKEN :	TOM			Name BRI	ETT P	2 ice		
	AVENUE EAST		Ī	Street Address (	<del>- ,</del>	er is Not Acceptable	) 'ST	
BRADENT	ON, FL 34203		Ì		· · · · · · · · · · · · · · · · · · ·	- <del> </del>	,	
				City BRAT	Newso	.fL	FL Zg	2303
	named entity submits this statement fi	or the purpose of changing its	registere			th, in the State of Flo	orida. I am familiar wi	h, and accept
SIGNATURE_	BRETT Paice Signature, typod or printed name of registered agen	t and little of applicable. (NOTE	E: Registered	Agent signature required	when reinstating)		5-9-07	7
	LE NOW!!! FEE IS \$150.00 ue by September 14, 2007	9. Election Campai Trust Fund Contr			.00 May Be ed to Fees		vith s. 607.193(2)(b not receive the pric	
10.	OFFICERS AND	D DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND DIRECTO	PRS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRICE, BEN 2501 63RD AVENUE EAST BRADENTON, FL 34203	🔀 Delete					☐ Chang	e 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRICE BRETT 2501 63 PD AVE BRADENTON, FO	□ Delete . EAST □ 34703					☐ Chang	e
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		l l			☐ Chang	e
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		l l			☐ Chang	e 🔲 Addilion
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		l l			☐ Chang	e 🔲 Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP		☐ Delete	CITY-	ET ADDRESS ST-ZIP			[ Chang	<del>-</del>
12. I hereby of indicated	certify that the information supplied with on this report or supplemental report possible or trustee extraction or the receiver or trustee extra	th this filing does not qualify for is true and accurate and that r	or the exe my signat	emptions contained ure shall have the	d in Chapter 11: same legal effe	9, Florida Statutes. I ot as if made under	further certify that the oath; that I am an office	e information per or director

changed, or on an attachment with an add other like empowered.

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INTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #