

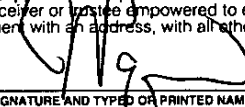


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90224 018 \*\*\*150.00

<b>DOCUMENT # P04000114439</b> 1. Entity Name <b>EMERSON MANAGEMENT U.S. SERVICES, INC.</b>					
Principal Place of Business <b>5728 MAJOR BOULEVARD SUITE 200 ORLANDO, FL 32819</b>			Mailing Address <b>5728 MAJOR BOULEVARD SUITE 200 ORLANDO, FL 32819</b>		
2. Principal Place of Business <b>370 CENTERPOINTE CIR Suite, Apt. #, etc. #1136</b>		3. Mailing Address <b>370 CENTERPOINTE CIR Suite, Apt. #, etc. #1136</b>			
City & State <b>ALTAMONTE SPRINGS, FL</b>		City & State <b>ALTAMONTE SPRINGS, FL</b>		4. FEI Number <b>04052005 Chg-P CR2E034 (10/03)</b> <b>87-0730042</b>	
Zip <b>32701</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PASQUALETTI, JOSEPH 5728 MAJOR BOULEVARD SUITE 200 ORLANDO, FL 32819</b>				7. Name and Address of New Registered Agent Name <b>PASQUALETTI, JOSEPH</b> Street Address (P.O. Box Number is Not Acceptable) <b>370 CENTERPOINTE CIRCLE, #1136</b> City <b>ALTAMONTE SPRINGS</b> <b>FL</b> Zip Code <b>32701</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	<b>D</b> <input type="checkbox"/> Delete <b>PASQUALETTI, JOSEPH</b> <b>5728 MAJOR BOULEVARD #200</b> <b>ORLANDO, FL 32819</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PASQUALETTI, JOSEPH</b> <b>370 CENTERPOINTE CIRCLE, #1136</b> <b>ALTAMONTE SPRINGS, FL 32701</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>KYNASTON, NEIL</b> <b>5728 MAJOR BOULEVARD #200</b> <b>ORLANDO, FL 32819</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>KYNASTON, NEIL</b> <b>370 CENTERPOINTE CIR, #1136</b> <b>ALTAMONTE SPRINGS, FL 32701</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>JONES, PETER E</b> <b>5728 MAJOR BOULEVARD #200</b> <b>ORLANDO, FL 32819</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>JONES, PETER E</b> <b>370 CENTERPOINTE CIR, #1136</b> <b>ALTAMONTE SPRINGS, FL 32701</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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>  <b>JOSEPH PASQUALETTI</b> <b>4/12/2005</b> <b>(407) 352-7333</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					