2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000124091

Entity Name: EMMSEE CORPORATION

FILED Mar 03, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
700 SOUTH FEDERAL HWY STE 200 BOCA RATON, FL 33432				2234 NW 62ND AVENUE BOCA RATON, FL 33496		
Current Mailing Address:				New Mailing Address:		
700 SOUTH FEDERAL HWY STE 200 BOCA RATON, FL 33432				2234 NW 62ND AVENUE BOCA RATON, FL 33496		
FEI Number: 20-21	37217 i	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:		
GARELLEK, STI 700 SOUTH FEI BOCA RATON,	DERAL HW	Y STE 200 US				
The above name in the State of FI		mits this statement for the p	ourpose of changi	ng its registere	d office or registered agent, or both,	
SIGNATURE:						
	Electronic	Signature of Registered Ag	ent		Date	
Election Campaign	Financing Tr	ust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDIT	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	() De	lete	Title: Name: Address: City-St-Z		() Change (X) Addition ANDRYA 2ND AVENUE DN, FL 33496	
Title: Name: Address: City-St-Zip:	() De	lete	Title: Name: Address: City-St-Z		() Change (X) Addition CHRISTIAN 2ND AVENUE ON, FL 33496	
Title: Name: Address: City-St-Zip:	() De	lete	Title: Name: Address: City-St-Z		() Change (X) Addition CHRISTY ID VERDE WAY #605 DN, FL 33428	
Title: Name: Address: City-St-Zip:	() De	lete	Title: Name: Address: City-St-Z	2234 NW 62	() Change (X) Addition AM, ROBERT 2ND AVENUE DN, FL 33496	

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: ANDRYA SCHULTE P 03/03/2005