2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000124091

Entity Name: EMMSEE CORPORATION

FILED Jan 21, 2006 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place	of Business:	
	62ND AVENUE TON, FL 33496				
Current Mailing Address:			New Mailing Address:		
	62ND AVENUE TON, FL 33496				
FEI Number	: 20-2137217	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:	
700 SOUT	K, STEVEN H FEDERAL H TON, FL 33432				
	named entity s e of Florida.	submits this statement for the pu	urpose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electron	ic Signature of Registered Age	nt	Date	
Election Car	npaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title:				ES TO OFFICERS AND DIRECTORS:	
Name: Address: City-St-Zip:	PD () SCHULTE, AND 2234 NW 62ND BOCA RATON,	AVENUE	Title: Name: Address: City-St-Zip:	ES TO OFFICERS AND DIRECTORS: () Change () Addition	
Name: Address:	SCHULTE, AND 2234 NW 62ND BOCA RATON, I	RYA AVENUE FL 33496 Delete EISTIAN AVENUE	Name: Address:		
Name: Address: City-St-Zip: Title: Name: Address:	SCHULTE, AND 2234 NW 62ND BOCA RATON, I VPD () SCHULTE, CHR 2234 NW 62ND BOCA RATON, I S () SOLOMON, CHI	RYA AVENUE FL 33496 Delete RISTIAN AVENUE FL 33496 Delete RISTY ERDE WAY #605	Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 PD 01/21/2006