## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000170203

Entity Name: EXECUTIVE MANAGEMENT SYSTEMS, INC.

FILED Mar 13, 2008 Secretary of State

Current P	rincipal Place	e of Business:	New Principal Place of	New Principal Place of Business:		
	UNTY ROAD 4 NT, FL 34711	155 SUITE 107-403 US				
Current Mailing Address:			New Mailing Address:			
	UNTY ROAD 4 NT, FL 34711	155 SUITE 107-403 US	PMB 403 13900 COUNTY CLERMONT, FL 34711	Y ROAD UNIT 107 US		
FEI Number	: 74-3139626	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )		
Name and	Address of (	Current Registered Agent:	Name and Address of N	lew Registered Agent:		
13302 WIN SUITE A-1	IDING OAKS I					
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered o	ffice or registered agent, or both,		
SIGNATU	RE:					
	Electron	nic Signature of Registered Ag	ent	Date		
Election Car	npaign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DEMOTT, GAR 13900 COUNT CLERMONT, F	Y ROAD 455 SUITE 107-403 L 34711 US	Name: Address: City-St-Zip:	Change ( ) Addition		
Title: Name: Address: City-St-Zip:	DEMOTT, EVE	) Delete Y ROAD 455 SUITE 107-403 L 34711 US	Title: ( ) Name: Address: City-St-Zip:	Change ( ) Addition		
Title: Name: Address: City-St-Zip:	DIGIOVANNA,	Y ROAD 455 SUITE 107-403	Title: ( ) Name: Address: City-St-Zip:	Change ( ) Addition		
Title: Name:	DIR ( DIGIOVANNA,	) Delete DEBORAH A	Title: ( ) Name:	Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: DEBORAH DIGIOVANNA DIR 03/13/2008		DEBURAH DIGIUVANNA	DIR	
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13900 COUNTY ROAD 455 SUITE 107-403

CLERMONT, FL 34711 US

Address:

City-St-Zip: