

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

07 MAR 20 PM 2:12

CLERK OF STATE
TALLAHASSEE, FLORIDA



03062007 Chg-P CR2E034 (12/06)

DOCUMENT # P05000068886 1. Entity Name EP MANAGEMENT, INC.					
Principal Place of Business 129 GARDEN AVENUE NORTH CLEARWATER, FL 33755 US			Mailing Address 129 GARDEN AVENUE NORTH CLEARWATER, FL 33755 US		
2. Principal Place of Business - No P.O. Box # 1737 Robinhood Lane		3. Mailing Address 1737 Robinhood Lane			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Clearwater, Florida		City & State Clearwater, Florida		4. FEI Number 20-2819189	
Zip 33764		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, JAMES B 129 GARDEN AVENUE NORTH CLEARWATER, FL 33755		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1737 Robinhood Lane City Clearwater FL Zip Code 33764			
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 <u><i>James B. Miller</i></u> 3-12-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MILLER, JAMES B 129 GARDEN AVENUE NORTH CLEARWATER, FL 33755 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1737 Robinhood Lane Clearwater, Florida 33764 <input checked="" 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	300095815693 04/04/07--01048--023 **\$1.25 <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	
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 exemptions contained 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 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.					
SIGNATURE: <u><i>James B. Miller</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3-12-07</u> Daytime Phone #		

20.3/20