

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

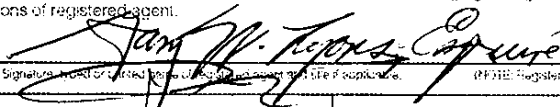
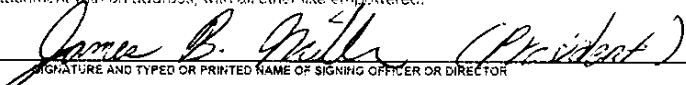
**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90043 003 \*\*\*150.00

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01082008 Chg-P CR2E034 (12/06)

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| <b>DOCUMENT # P05000068886</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                       |                                                                                                                            |                                                                                                                                  |
| 1. Entity Name<br>EP MANAGEMENT, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                       |                                                                                                                                                                                                             |                                                                                                                                  |
| Principal Place of Business<br>1737 ROBINHOOD LANE<br>CLEARWATER, FL 33764 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                       | Mailing Address<br>1737 ROBINHOOD LANE<br>CLEARWATER, FL 33764 US                                                                                                                                           |                                                                                                                                  |
| 2. Principal Place of Business - No P.O. Box #<br>1737 Robinhood Lane<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                       | 3. Mailing Address<br>1737 Robinhood Lane<br>Suite, Apt. #, etc.                                                                                                                                            |                                                                                                                                  |
| City & State<br>Clearwater, FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                       | City & State<br>Clearwater, FL                                                                                                                                                                              |                                                                                                                                  |
| Zip<br>33764                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Country                                                                                               | Zip<br>33764                                                                                                                                                                                                | Country                                                                                                                          |
| 4. FEI Number<br>20-2819189                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                       | Applied For<br>Not Applicable                                                                                                                                                                               |                                                                                                                                  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                       | \$8.75 Additional Fee Required                                                                                                                                                                              |                                                                                                                                  |
| 6. Name and Address of Current Registered Agent<br>MILLER, JAMES B<br>1737 ROBINHOOD LANE<br>CLEARWATER, FL 33764                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                       | 7. Name and Address of New Registered Agent<br>Name<br>Gary W. Lyons, Esquire<br>Street Address (P.O. Box Number is Not Acceptable)<br>311 South Missouri Avenue<br>City<br>Clearwater FL Zip Code<br>33756 |                                                                                                                                  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                       | DATE 1/16/08                                                                                                                                                                                                |                                                                                                                                  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2008 Fee will be \$550.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                       | 9. Election Campaign Financing<br>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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PST<br>MILLER, JAMES B<br>1737 ROBINHOOD LANE<br>CLEARWATER, FL 33764 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>1737 Robinhood Lane<br>Clearwater, Florida 33764 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                       | DATE 1-10-08                                                                                                                                                                                                |                                                                                                                                  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                       | Date Daytime Phone #                                                                                                                                                                                        |                                                                                                                                  |