

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Mar 21, 2007 8:00 am  
Secretary of State**

03-21-2007 90034 016 \*\*\*150.00

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1. Entity Name  
EMICA LEARNING CORP.

Principal Place of Business  
4990 FAY BLVD  
COCOA, FL 32927

Mailing Address  
5848 DUSKYWING DR  
ROCKLEDGE, FL 32955

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01292007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number  
20-3239851

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

GLOTZ, JESSICA  
5848 DUSKYWING DR  
ROCKLEDGE, FL 32955

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.  \$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 | D<br>GLOTZ, JESSICA F<br>6950 CALIPH AVE<br>COCOA, FL 32927 | <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 |
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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:

Jessica F. Glotz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/07 (321) 403-5617

Date

Daytime Phone #