

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90055 037 \*\*\*150.00

<b>DOCUMENT # P05000109846</b>					
<b>1. Entity Name</b> EMJ CONSULTING INC					
<b>Principal Place of Business</b> 2645 GERBER DAIRY RD WINTER HAVEN, FL 33880			<b>Mailing Address</b> 2645 GERBER DAIRY RD WINTER HAVEN, FL 33880		
<b>2. Principal Place of Business</b> 2575 Gerber Dairy Rd. Suite, Apt. #, etc.		<b>3. Mailing Address</b> 2575 Gerber Dairy Rd. Suite, Apt. #, etc.			
<b>City &amp; State</b> Winter Haven FL Zip: 33880 Country: U.S.		<b>City &amp; State</b> Winter Haven FL Zip: 33880 Country: U.S.		<b>4. FEI Number</b> 20-4356085	
<b>6. Name and Address of Current Registered Agent</b> WRIGHT, DEBRA S 2645 GERBER DAIRY RD WINTER HAVEN, FL 33880				<b>7. Name and Address of New Registered Agent</b> Name: Debra S Wright Street Address (P.O. Box Number is Not Acceptable): 2575 Gerber Dairy Road City: Winter Haven FL Zip Code: 33880	
<b>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.</b> SIGNATURE: <u>Debra S. Wright</u> DATE: <u>2/22/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE: P. NAME: WRIGHT, DEBRA S STREET ADDRESS: 2645 GERBER DAIRY RD CITY-ST-ZIP: WINTER HAVEN, FL 33880	<input type="checkbox"/> Delete		TITLE: P. NAME: Wright, Debra S. STREET ADDRESS: 2575 Gerber Dairy Road CITY-ST-ZIP: Winter Haven FL 33880	<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:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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	
<b>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.</b>					
SIGNATURE: <u>Debra S. Wright</u> DEBRA S. WRIGHT			President <u>2/22/2006</u> 863-293-4119 Date Daytime Phone #		