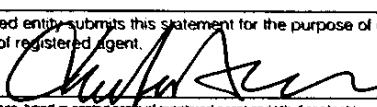
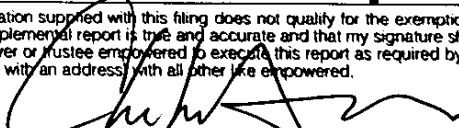


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2007 8:00 am
Secretary of State

06-12-2007 90111 040 ***150.00

DOCUMENT # P05000144556 1. Entity Name THE EM2 AGENCY, INC.					
Principal Place of Business 7695 OLYMPIA DR. W. PALM BCH, FL 33411			Mailing Address 7695 OLYMPIA DR. W. PALM BCH, FL 33411		
2. Principal Place of Business - No P.O. Box # 6901 Okeechobee Blvd			3. Mailing Address Same		
Suite, Apt. #, etc. J-3			Suite, Apt. #, etc. J-3		
City & State West Palm Bch, FL			City & State West Palm Bch, FL		
Zip 33411		Country USA		4. FEI Number 20-3724670	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DUNN, CHARLES W 7695 OLYMPIA DR. W. PALM BCH, FL 33411				7. Name and Address of New Registered Agent Name: Charles W. Dunn Street Address (P.O. Box Number is Not Acceptable): 6901 Okeechobee Blvd #J-3 City: West Palm Beach FL Zip: 33411	
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: 5-29-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007			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	PD DUNN, CHARLES W 7695 OLYMPIA DR. W. PALM BCH, FL 33411	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DUNN, JUDITH M 7695 OLYMPIA DR. W. PALM BCH, FL 33411	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: 			5-29-07 561-632-3241 <small>Date Daytime Phone #</small>		