


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90011 024 ***158.75

DOCUMENT # P06000020249			
1. Entity Name ENVIRONMENTAL MANAGEMENT AND GLOBAL INNOVATIONS, INC		Principal Place of Business 3820 NORTHDAL BLVD SUITE 210 B TAMPA, FL 33624	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 3820 NORTHDAL BLVD SUITE 210 B TAMPA, FL 33624 Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-4639583		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HENRY, CAROL D 3820 NORTHDAL BLVD SUITE 210 B TAMPA, FL 33624		7. Name and Address of New Registered Agent 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 the 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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY, CAROL D	NAME	
STREET ADDRESS	3820 NORTHDAL BLVD	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33624	CITY-ST-ZIP	
TITLE	TREASURER <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kenneth W. Watson; 713 New York Ave	NAME	
STREET ADDRESS	Palm Harbor, FL 34683	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	Secretary <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fred A. Segusti; 7235 N. Mobley Rd	NAME	
STREET ADDRESS	Odessa, FL 33556	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karen Watson; 713 New York Ave	NAME	
STREET ADDRESS	Palm Harbor, FL 34683	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Segusti; 7235 N. Mobley Rd.	NAME	
STREET ADDRESS	Odessa, FL 33556	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>Carol D Henry</i>		Date: 2/21/07 (813) 968-7722	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	