



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90777 001 ***150.00
04-30-2007 90777 002 *****8.75

DOCUMENT # P06000026048 1. Entity Name EMPIRE EQUITY PLACEMENT, INC.					
Principal Place of Business 400 ASHLEY DRIVE TAMPA, FL 33617				Mailing Address 400 ASHLEY DRIVE TAMPA, FL 33617	
2. Principal Place of Business - No P.O. Box # 38858 US 19-N Suite, Apt. #, etc. TARPON SPRINGS City & State FLORIDA		3. Mailing Address 38858 US 19-N Suite, Apt. #, etc. TARPON SPRINGS City & State FLORIDA		<div style="font-size: 2em; font-family: cursive;">66012024</div> 	
Zip 34689		Country USA		04142007 Chg-P CR2E034 (12/06)	
4. FEJ Number 41-2200858		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REPINSKI, R. SCOTT CPA 10201 N.W. 33RD STREET SUNRISE, FL 33351			7. Name and Address of New Registered Agent Name R. A. Contorno Street Address (P.O. Box Number is Not Acceptable) 38858 US 19-N City TARPON SPRINGS FL Zip Code 34689		
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 <u>R. A. Contorno, SA</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/27/07</u>					
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 NAME STREET ADDRESS CITY - ST - ZIP	DIR CONTORNO, MICHAEL P.O. BOX 1203 PALM HARBOR, FL 34682		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIR R. A. Contorno POB 1203 PALM HARBOR FL 34682	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" 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	
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	
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: <u>R. A. Contorno</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/27/07</u> (202) 934-8005 <small>Daytime Phone #</small>		