2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 04, 2007 8:00 am Secretary of State 04-04-2007 90182 001 ***150.00

1. Entity Nam	MENT # P06000070 E MARKETING, INC			04-04-2007	90182 001 ***15	0.00	
Principal Place of Business Ma		Mailing Address	Mailing Address		V		
34 SOUTH TYLER ST BEVERLY HILLS, FL 34465		34 SOUTH TYLER ST BEVERLY HILLS, FL 34465					
					SEME BUR BEM ARM FRU	1 9 1814 18 211 2011 21 0 61 1 1 166 116	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03212007	Chg-P	CR2E034 (12/06)	
City & State		City & State		4. FEI Numbe	909135		oplied For of Applicable
Zip	Country	Zip	Country	5. Certificate	of Status Desired	S8.75 Add	
	6. Name and Address of Curren	t Registered Agent		7. Name and	Address of New R		
			Name				
FISHER, GEORGE R 34 SOUTH TYLER ST BEVERLY HILLS, FL 34465			Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
	11120,72 04400						
			City	-		FL Zip Cod	е
the obligat	tions of registered agent. Signature, typad or printed name of registered agen	t and little if applicable (NO	TE. Registered Agent signature req	uired when reinstating)		DATE	·
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550	9. Election Campa Trust Fund Cor		\$5.00 May Be Added to Fees			
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR	S (N 11
TITLE	P, D	☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS	7 101 101 101 101 101 101 101 101 101 10		NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE	CEO,	☐ Delete	TITLE			☐ Change	Addition
NAME	KEVENEY, ELIZABETH		NAME				
STREET ADDRESS CITY-ST-ZIP	34 SOUTH TYLER ST BEVERLY HILLS, FL 34465		STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME			NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-SI-ZIP				
TITLE		☐ Delete	TITLE			Change	☐ Addition
NAME			NAME CYPCET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP				
CITY-ST-ZIP			CH S - ST - ZIF				

12. I hereby certify that the information supplied with this filling 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 attackment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayline Phone #