


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90081 023 \*\*\*150.00

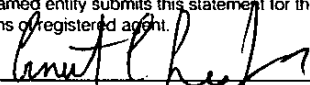
<b>DOCUMENT # P06000085846</b>	
1. Entity Name <b>EMD AUTOMATION AND CONTROL SOLUTIONS, INC.</b>	

Principal Place of Business <b>6708 LINFORD LANE JACKSONVILLE, FL 32217 US</b>	Mailing Address <b>P O BOX 3658 JACKSONVILLE, FL 32206 US</b>
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2. Principal Place of Business - No P.O. Box # <b>8421 Baymeadows Way</b>	3. Mailing Address <b>Suite 4</b>
Suite, Apt. #, etc. <b>Suite 4</b>	Suite, Apt. #, etc. <b>Suite 4</b>
City & State <b>Jacksonville, Fl.</b>	City & State <b>Jacksonville, Fl.</b>
Zip <b>32256</b>	Country <b>Duval</b>
Zip <b>32256</b>	Country <b>Duval</b>

6. Name and Address of Current Registered Agent <b>LEA, ERNEST L JR. 6708 LINFORD LANE JACKSONVILLE, FL 32217</b>	
7. Name and Address of New Registered Agent Name <b>Gary G. Howard</b> Street Address (P.O. Box Number is Not Acceptable) <b>8421 Baymeadows Way</b> <b>Suite 4</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32256</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.

SIGNATURE  **Ernest L. Lea Jr., President** 1/18/07  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LEA, ERNEST L JR. 6708 LINFORD LANE JACKSONVILLE, FL 32217 <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	VP BASS, MAX C 400 BONESET BRANCH LANE FRUIT COVE, FL 32259 <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	D OTT, DOUGLAS C 734 CURLEY LANE SAYMOUR, TN 37865 <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	D LEA, ERIC G 6932 SALAMANACA AVE. JACKSONVILLE, FL 32217 <input checked="" 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

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:  **Ernest L. Lea Jr. 1/18/07 (904) 219-0351**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #