2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008
Secretary of State

DOCUMENT# P07000061148

Entity Name: EMANAGEMENT OF CFL COMPANY

Current Principal Place of Business:

16023 HORIZON COURT
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 560187
MONTVERDE, FL 34756

New Mailing Address:

FEI Number: 26-1587353 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOHN, KATHY
16023 HORIZON COURT
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KATHY, KOHN
Address: P.O. BOX 560187
City-St-Zip: MONTVERDE, FL 34756

Title: S ( ) Delete
Name: KOHN, KATHY
Address: P.O. BOX 560187
City-St-Zip: MONTVERDE, FL 34756

Title: T ( ) Delete
Name: KOHN, CHRISTOPHER
Address: P.O. BOX 560187
City-St-Zip: MONTVERDE, FL 34756

Title: VP ( ) Delete
Name: KOHN, MICHAEL
Address: P.O. BOX 560187
City-St-Zip: MONTVERDE, FL 34756

Title: D ( ) Delete
Name: EPAYROLL INC.,
Address: P.O. BOX 560190
City-St-Zip: MONTVERDE, FL 34756

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: KOHN, MICHAEL
Address: P.O. BOX 560187
City-St-Zip: MONTVERDE, FL 34756

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: EACCOUNTING INC.,
Address: P.O. BOX 560190
City-St-Zip: MONTVERDE, FL 34756

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY KOHN P 04/09/2008

Electronic Signature of Signing Officer or Director — Date