
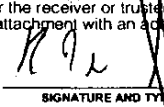


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90175 004 ***150.00

DOCUMENT # P07000124719 1. Entity Name EMESSAGEFORYOU, INC																													
Principal Place of Business 1118 N 15TH AVE #11 HOLLYWOOD, FL 33020			Mailing Address 1118 N 15TH AVE #11 HOLLYWOOD, FL 33020																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State Zip		City & State Zip																											
Country		Country																											
4. FEI Number 04282008 Chg-P CR2E034 (12/06)																													
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent EAGLE TAX REPRESENTATION, CORP 23150 SANDALFOOT PLAZA DRIVE STE E BOCA RATON, FL 33428-6530			7. Name and Address of New Registered Agent Name EAGLE TAX REPRESENTATION, CORP Street Address (P.O. Box Number is Not Acceptable) 4641 N STATE ROAD 7 STE 18 City COCONUT CREEK - FL Zip Code 33073																										
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">D DUARTE, KARIN MARCON OWNER</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>1118 N 15TH AVE, #11</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>HOLLYWOOD, FL 33020</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	D DUARTE, KARIN MARCON OWNER	<input type="checkbox"/> Delete	NAME	1118 N 15TH AVE, #11		STREET ADDRESS	HOLLYWOOD, FL 33020		CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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:  04/28/08 954-9227780 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																													