2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000102349

MILLEMACI, MARLENE

8621 GOODBYS TRACE DRIVE

JACKSONVILLE, FL 32207

Name:

Address:

City-St-Zip:

Entity Name: EMERGENT INTELLIGENCE TECHNOLOGY, INC.

FILED Apr 15, 2009 Secretary of State

•			,		
Current P	rincipal Plac	e of Business:	New Principal Place of Business:		
	'ERPLACE BL IVILLE, FL 32				
Current Mailing Address:			New Mailing Address:		
	'ERPLACE BL IVILLE, FL 32				
FEI Number	: 26-3763199	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and Address of New Registered Agent:		
MILLEMACI, MARLENE 14311 RIVERPLACE BLVD STE 3205 JACKSONVILLE, FL 32207 US			MILLEMACI, MARLENE 8621 GOODBYS TRACE DR JACKSONVILLE, FL 32217 US		
	e named entity e of Florida.	submits this statement for the	purpose of changing its register	red office or registered agent, or both,	
SIGNATURE:				04/15/2009	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financir	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	JONKERS, HE	PLACE BLVD STE 3205	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	RZEVSKI, GE	YS TRACE DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SKOBELEV, P	YS TRACE DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	DT () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MARLENE MILLEMACI DT 04/15/2009