

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90229 049 \*\*\*150.00

**DOCUMENT # P24573**

1. Entity Name

E.M.E. CORPORATION A CONNECTICUT CORPORATION



Principal Place of Business

581 CENTRAL PARKWAY  
STUART FL 34994  
US

Mailing Address

PO BOX 1949  
STUART FL 34995  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 06-1234047

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent

MCMAHON, THOMAS J  
11000 S OCEAN DR 5I  
JENSEN BCH FL 34957

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Thomas J. McMahon, President

January 30, 2006

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00.**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME MCMAHON, THOMAS J.  
STREET ADDRESS 11,000 S. OCEAN DR. 5I  
CITY-ST-ZIP JENSEN BEACH FL 34957 ☐ Delete

TITLE SD  
NAME CREAMER, MARTHA M.  
STREET ADDRESS 41 KENOSIA AVE  
CITY-ST-ZIP DANBURY CT ☒ Delete

TITLE TD  
NAME MCMAHON, NANCY  
STREET ADDRESS 11,000 S. OCEAN DR. 5I  
CITY-ST-ZIP JENSEN BEACH FL 34957 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE Vice President & Director  
NAME Mark T. McMahon  
STREET ADDRESS 28 Cheever Place, Apt 3  
CITY-ST-ZIP Brooklyn, NY 11231 ☒ Change ☐ Addition

TITLE Secretary & Director  
NAME Tara-L. McMahon  
STREET ADDRESS 4906 E. Wagoner Road  
CITY-ST-ZIP Scottsdale, AZ 85254 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Thomas J. McMahon, President

January 30, 2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #