## **2006 FOR PROFIT CORPORATION**

## ANNUAL REPORT **DOCUMENT # P92000011139 EMPEX INTERNATIONAL CORPORATION**

Principal Place of Business

100 LEEWARD ISLAND DR CLEARWATER, FL 33767

PO BOX 3651 CLEARWATER, FL 33767

Mailing Address

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

05-04-2006 90209 041 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

05012006 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 59-3162114 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROWLAND, CARMEN I 100 LEEWARD ISLAND CLEARWATER, FL 33767

## DO NOT WRITE IN THIS SPACE

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing . \$5.00 May Be Trust Fund Contribution. Added to Fees			
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ROWLAND, CARMEN 100 LEEWARD ISLAND DR CLEARWATER, FL 33767				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/06