2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 24, 2006 08:00-AN Secretary of State **DOCUMENT # P94000001479** 1. Entity Name EVENT MANAGEMENT SERVICES, INC. Mailing Address Principal Place of Business 1127 GROVE STREET 1127 GROVE STREET CLEARWATER, FL 33755 CLEARWATER, FL 33755 04192006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3215324 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FRIEDMAN, MARSHA DO NOT WRITE 1127 GROVE STREET CLEARWATER, FL 33755 IN THIS SPACE 8. The above named entity subprite 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 obligation and registered agent. (NOTE Registered Agent signature required when reinstating \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE FRIEDMAN, MARSHA NAME 1127 GROVE STREET STREET ADORESS U00000526415 CITY-ST-ZIP CLEARWATER, FL 33755 05/04/06-80073-003 150.00 TITLE NAME FRIEDMAN, STEVE STREET ADDRESS 1127 GROVE STREET CLEARWATER, FL 33755 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CTTY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I nereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED HAME OF SIGNING O

MARSKA FRIROMAN 4/17/06 74

FILED