

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000024893

Entity Name: EMM GROUP, INCORPORATED

FILED
Jan 28, 2009
Secretary of State

Current Principal Place of Business:

ATTN: RON SHAY
6144 MIDNIGHT PASS ROAD, UNIT 5N
SARASOTA, FL 34242 US

New Principal Place of Business:

Current Mailing Address:

ATTN: RON SHAY
6144 MIDNIGHT PASS ROAD, UNIT 5N
SARASOTA, FL 34242 US

New Mailing Address:

ATTN: LYNNE SHAY
P.O. BOX 25868
SARASOTA, FL 34277 US

FEI Number: 43-1452408

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAY, RON
6144 MIDNIGHT PASS ROAD, UNIT 5N
SARASOTA, FL 34242 US

Name and Address of New Registered Agent:

SHAY, LYNNE
6144 MIDNIGHT PASS ROAD, UNIT 5N
SARASOTA, FL 34242 US

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.

SIGNATURE: LYNNE SHAY

01/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHAY, RON
Address: 6144 MIDNIGHT PASS RD., UNIT 5N
City-St-Zip: SARASOTA, FL 34242 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SHAY, LYNNE
Address: 6144 MIDNIGHT PASS RD., UNIT 5N
City-St-Zip: SARASOTA, FL 34242 US

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.

SIGNATURE: LYNNE SHAY

PRES

01/28/2009

Electronic Signature of Signing Officer or Director

Date