


2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED
4/6/2005-90097-022-\$150.00-\$150.00

1/4

DOCUMENT # P94000079888			
1. Entity Name EMCAM, INC.		05 AUG 19 PM 3:54	
Principal Place of Business SHOREHAM BY THE SEA, UNIT 47 5302 S. ATLANTIC AVE. NEW SMYRNA BEACH, FL		Mailing Address 235 WEST FRENCH AVE ORANGE CITY, FL 32763	
2. Principal Place of Business T.G.B. Blackwell PA CPA State, Apt. #, etc. 235 W. French Ave City & State Orange City, FL		3. Mailing Address State, Apt. #, etc. City & State Orange City, FL	
Zip 32763	Country Volusia	Zip 32763	Country FL
4. FEI Number 59-3280238		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLACKWELL, T.G. 235 WEST FRENCH AVE ORANGE CITY, FL 32763		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when transferring)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HAWA, WILSON SHOREHAM BY THE SEA, UNIT 47 NEW SMYRNA BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	235 W French Ave Orange City, FL 32763 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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: <u>T.G. Blackwell</u>		3/15/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

* See attached POA

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Re-print Taxpayer Name(s):

Taxpayer ID #

PAGE 2

- Taxpayer(s) must complete Page 1 of this Power of Attorney, or it will be returned.

6. NOTICES AND COMMUNICATIONS

- Notices and other written communications will be sent to the first representative listed in Part I, section 2, unless taxpayer selects one of the options below.

- If you want any notices and communications sent to both you and your representative, check this box ☐
- If you do not want any notices or communications sent to your representative, check this box ☐
- If you want the second representative listed to receive such notices and communications, check this box ☐
- If you want the third representative listed to receive such notices and communications, check this box ☐

7. RETENTION / REVOCATION OF PRIOR POWER(S) OF ATTORNEY


The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Florida Department of Revenue for the **same** tax matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check this box ☐

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

8. SIGNATURE OF TAXPAYER(S)

If a tax matter concerns a joint return, **both** husband and wife must sign if joint representation is requested. If signed by a corporate officer, partner, member/managing member, guardian, tax matters partner/person, executor, receiver, administrator, trustee, or fiduciary on behalf of the taxpayer, I declare under penalties of perjury that I have the authority to execute this form on behalf of the taxpayer. Under penalties of perjury, I (we) declare that I (we) have read the foregoing document, and the facts stated in it are true.

If this Power of Attorney is not signed and dated, it will be returned.

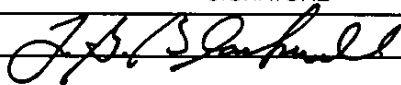
	<u>7/27/2005</u>	<u>PRESIDENT</u>
SIGNATURE	DATE	TITLE (If Applicable)
<u>WILSON HAWA</u>		
PRINT NAME		
_____ SIGNATURE	_____ DATE	_____ TITLE (If Applicable)
_____ PRINT NAME		

PART II - DECLARATION OF REPRESENTATIVE

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Treasury Department Circular No. 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified therein, and to receive confidential taxpayer information;
- I am one of the following:
 - Attorney - a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - Certified Public Accountant - duly qualified to practice as a certified public accountant in the jurisdiction shown below.
 - Enrolled Agent / Actuary - enrolled as an agent or actuary under the requirements of Treasury Department Circular No. 230. (Attach evidence of enrolled status.)
 - Law student who is certified pursuant to Chapter 11 of the Rules Regulating the Florida Bar.
 - Former Department of Revenue employee. As a tax representative, I cannot accept representation in a matter upon the merits of which I had direct involvement while I was a public employee.
 - Other Qualified representative. (Note: Representatives qualifying under this subsection must comply with Rules 12-6.005 and 28-106.106, Florida Administrative Code.);
- I have read the foregoing Declaration of Representative and the facts stated in it are true.

If this Declaration of Representative is not signed and dated, it will be returned.

DESIGNATION - INSERT ABOVE LETTER (a - f)	JURISDICTION (State) or ENROLLMENT CARD NO.	SIGNATURE	DATE
<u>b</u>	<u>59-2911439</u>		<u>8/03/05</u>

T . G . B L A C K W E L L • C . P . A .
A Professional Association

FLORIDA INSTITUTE OF C.P.A.S

AMERICAN INSTITUTE OF C.P.A.S

2/4

August 15, 2005

Department of State
Division of Corporations
P.O. 6327
Tallahassee, FL 32314

RE: UBR for Emcam, Inc., EIN # 59-3280238, Reference Number P94000079888

In response to your notice of 04/08/05, a copy of which is attached, we respectfully request your consideration of the circumstances at the time of the filing of this report.

The taxpayer was concerned about the timely filing of this annual report/uniform business report because he, being the sole owner and officer, was outside of the country. The only option available to timely file was to have me as registered agent submit the form and fee before the due date of May 1, 2005.

Thus, we believe this constituted a reasonable effort in good faith to remain in compliance with the required due date by timely filing and paying the required fee.

Please waive the penalty for late filing based on what we believe to be a reasonable cause.

I am responding by the authority of the attached original power of attorney.

If you have any questions, please don't hesitate to contact me.

Very Truly Yours,


T.G. Blackwell
Certified Public Accountant

TGB/sln
CC: Emcam, Inc.

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POWER OF ATTORNEY and Declaration of Representative

DR-835
R. 06/04

PART 1 - POWER OF ATTORNEY

1. TAXPAYER INFORMATION (Taxpayer(s) must sign and date this form on Page 2, Part I, Section 8)

TAXPAYER NAME(S) AND ADDRESS (Please Type or Print) EHCAH, INC. 235 W. FRENCH AVE ORANGE CITY, FL 32763	TAXPAYER IDENTIFICATION NO(S). (SSN, FEIN, etc.) 59-3280238	FLORIDA TAX REGISTRATION NUMBER P94000079888 DAYTIME TELEPHONE NUMBER ()
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Hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

2. REPRESENTATIVE(S) (Each representative must be listed individually, and must sign and date this form on Page 2, Part II)

NAME AND ADDRESS (Please Type or Print) T.G. BLACKWELL 235 W. FRENCH AVE ORANGE CITY, FL 32763	TELEPHONE NUMBER (386) 775-7775 FAX NUMBER (386) 775-7086
NAME AND ADDRESS (Please Type or Print)	TELEPHONE NUMBER () FAX NUMBER ()
NAME AND ADDRESS (Please Type or Print)	TELEPHONE NUMBER () FAX NUMBER ()

To represent the taxpayer(s) before the Florida Department of Revenue in the following tax matters:

3. TAX MATTERS

TYPE OF TAX (Corporate, Sales, Intangible, etc.)	TAX FORM NUMBER (F-1120, DR-15, DR-601, etc.)	YEAR(S) / PERIOD(S) / MATTER(S)

4. ACTS AUTHORIZED

The representative(s) are authorized to receive and inspect confidential tax information and to perform **any and all acts** that I (we) can perform with respect to the tax matters described in section 3, (for example, the authority to sign any agreements, consents, or other documents). The authority specifically includes the power to execute waivers of restrictions on assessment or collection of deficiencies in tax, to execute consents extending the statutory period for assessment or claims for refund of taxes, and to execute closing agreements under section 213.21, Florida Statutes. The authority does not include the power to receive refund warrants or the power to sign certain returns.

LIST ANY SPECIFIC ADDITIONS OR DELETIONS TO THE ACTS OTHERWISE AUTHORIZED IN THIS POWER OF ATTORNEY

SIGNING AUTHORITY AS AGENT FOR SOLE OWNER AND OFFICER OF
EHCAH, INC. FOR CORPORATE ANNUAL REPORT AND OTHER STATE OF FLORIDA TAX MATTERS.

5. RECEIPT OF REFUND

If you want to authorize a representative named in section 2 to receive, BUT NOT TO ENDORSE OR CASH, refund warrants, initial here _____ and list the name of that representative below.

NAME OF REPRESENTATIVE TO RECEIVE REFUND WARRANTS: _____