

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000084687

FILED  
Apr 30, 2005  
Secretary of State

Entity Name: EMERGE INTERNATIONAL, INC.

## Current Principal Place of Business:

5231 N.W. 180TH TERRACE  
MIAMI, FL 33055

## New Principal Place of Business:

P O BOX #170765  
HIALEAH, FL 33017

## Current Mailing Address:

5231 N.W. 180TH TERRACE  
MIAMI, FL 33055

## New Mailing Address:

P O BOX # 170765  
HIALEAH, FL 33017

FEI Number: 65-0657263

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PRYCE, LASCELLES D II  
5231 N.W. 180TH TERRACE  
MIAMI, FL 33055 US

## Name and Address of New Registered Agent:

PRYCE, LASCELLES D II  
P O BOX # 170765  
HIALEAH, FL 33017 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: LASCEELLES D. PRYCE II

04/30/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: PRYCE, LASCELLES D II  
Address: 5231 N.W. 180TH TERRACE  
City-St-Zip: MIAMI, FL

Title: D ( ) Delete  
Name: BELLAMY, ALFONSO  
Address: 12961 S.W. 19TH DRIVE  
City-St-Zip: MIAMI, FL

Title: D ( ) Delete  
Name: REDDING, BRYAN L  
Address: 5231 NW 180TH TERR  
City-St-Zip: MIAMI, FL 33055

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: PRYCE, LASCELLES D II  
Address: P O BOX #170765  
City-St-Zip: HIALEAH, FL 33017

Title: VP (X) Change ( ) Addition  
Name: PRYCE, LASCELLES D III  
Address: P O BOX # 170765  
City-St-Zip: HIALEAH, FL 33017

Title: VP (X) Change ( ) Addition  
Name: REDDING, BRYAN L  
Address: P O BOX # 170765  
City-St-Zip: HIALEAH, FL 33017

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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: LASCELLES D. PRYCE II

DP

04/30/2005

Electronic Signature of Signing Officer or Director

Date