2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000055717

Entity Name: EMERALD PRODUCT SERVICES, INC.

FILED Jan 06, 2012 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of Business: | | |
|--|-------------------------------------|---------------------------------|------------------------------------|--|--|
| SUITE B6 | TH ONE DRIVE JSTINE, FL 3209 | 95 | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| SUITE B6 | TH ONE DRIVE JSTINE, FL 3209 | 95 | | | |
| FEI Number | r: 59-3453206 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: Name | | | Name and Address of | nme and Address of New Registered Agent: | |
| DECK, CH 1330 POV ST. AUGL | | 95 US | | | |
| | e named entity su se of Florida. | ubmits this statement for the p | purpose of changing its registered | office or registered agent, or both, | |
| SIGNATU | RE: | | | | |
| | Electronic | Signature of Registered Ag | ent | Date | |
| | | | | | |
| OFFICER | S AND DIRECT | ORS: | | | |
| Title: Name: | P COUNCILOR, MA 1865 WEST WIN | | | | |

City-St-Zip: JACKSONVILLE, FL 32259

DECK, CHRISTIAN C Name: Address: 1330 POWIS RD. City-St-Zip: ST. AUGUSTINE, FL 32095

I hereby 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 all other like empowered.

SIGNATURE: MARK COUNCILOR Ρ 01/06/2012