2008 FOR PROFIT CORPORATION

ANNUAL REPORT FILED Mar 05, 2008 08:00 A DOCUMENT # P99000014723 **Secretary of State** 1. Entity Name EMERALD POND, INC. Principal Place of Business Mailing Address 13400 HIGHWAY 77 13400 HIGHWAY 77 LAKE MERIAL, FL 32409 LAKE MERIAL, FL 32409 03042008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3556549 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FLEMING, GEORGE R DO NOT WRITE 13400 HIGHWAY 77 LAKE MERIAL, FL 32409 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE FLEMING, GEORGE R STREET ADDRESS 13400 HIGHWAY 77 CITY-ST-ZIP LAKE MERIAL, FL 32409 000000848297 03/20/08-80012-002 150.00 FLEMING, GEORGE R STREET ADDRESS 13400 HIGHWAY 77 CITY-ST-ZIP LAKE MERIAL, FL 32409 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not gualty 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 feceiver 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

TITLE NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #