2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

Mar 29, 2005 8:00 am Secretary of State DOCUMENT # P99000031111 1. Entity Name 03-29-2005 90011 032 ***150.00 EMBREY GROUP, INC. Principal Place of Business Mailing Address 200 SE 7 STREET DANIA BÉACH FL 33004 200 SE 7 STREET DANIA BEACH FL 33004 2. Principal Place of Business 3. Mailing Address 34 Sugarmil Lane Suite, Apt. #, letc. 34 Sugar MILL Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0909097 FLACLER BEACH Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EMBREY, HANS 200 SE 7 STREET Street Address (P.O. Box Number is Not Acceptable) DANIA BEACH FL 33004 34 Sugar Mul Lase Zip Code 32136 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Delete ☐ Addition EMBREY, HANS 34 Sugae Mil Lahe FLACIER BEACUS FL 32136 STREET ADDRESS 200 SE 7 STREET STREET ADDRESS DANIA BEACH FL 33004 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition EMBREY, DONNA NAME NAME 34 Sugar Mill Lane FLACLER BEACH FL. STREET ADDRESS 200 SE 7 STREET STREET ADDRESS CITY-ST-ZIP DANIA BEACH FL 33004 CITY-ST-ZIP TITLE. Defete TITLE Change... Addition -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP_ ☐ Delete Changé ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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.

FILED