2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000047081

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

CORAL SPRINGS, FL 33075

CORAL SPRINGS, FL 33075

PERLMAN, LISA

PO BOX 9224

() Delete

FILED Jan 21, 2006 Secretary of State

Entity Name: EMAGINE HOLDINGS, INC. **Current Principal Place of Business: New Principal Place of Business:** 4801 JOHNSON RD SUITE 11 COCONUT CREEK, FL 33073 **New Mailing Address: Current Mailing Address:** 4801 JOHNSON RD SUITE 11 COCONUT CREEK, FL 33073 FEI Number: 65-0923255 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BEHREN, SCOTT M ONE FINÁNCIAL PLAZA, STE. 1500 FT. LAUDERDALE, FL 33394 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition WEINER, HOWARD WEINER, HOWARD Name: Name: P.O. BOX 9224 N/A 10954NW71ST CT Address: Address: City-St-Zip: CORAL SPRINGS, FL 33075 City-St-Zip: PARKLAND, FL 33076 Title: Title: () Delete (X) Change () Addition WEINER, ROBERT Name: Name: WEINER, ROBERT P.O. BOX 9224 N/A 11771NW26TH CT Address: Address: CORAL SPRINGS, FL 33075 CORAL SPRINGS, FL 33065 City-St-Zip: City-St-Zip: () Delete Title: (X) Change () Addition Title: WEINER, PHYLLIS WEINER, PHYLLIS Name: Name: P.O. BOX 9224 N/A 11771NW/26TH CT Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

CORAL SPRINGS, FL 33065

19107TWO RIVER LANE

BOCA RATON, FL 33498

PERLMAN, LISA

(X) Change () Addition

SIGNATURE: ROBERT WEINER PRES 01/21/2006