2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000047081

FILED Apr 29, 2009 Secretary of State

Entity Name: EMAGINE HOLDINGS, INC.					
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
4801 JOHN SUITE 11 COCONUT	ISON RD CREEK, FL	_ 33073			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
4801 JOHN SUITE 11 COCONUT	NSON RD 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 FINANCIAL PLAZA, STE. 1500 FT. LAUDERDALE, FL 33394 US			4801 JOHNSON RE SUITE 11	WEINER, ROBERT A PRES 4801 JOHNSON RD SUITE 11 COCONUT CREEK, FL 33073 US	
The above in the State		y submits this statement for the p	urpose of changing its registe	red office or registered agent, or both,	
SIGNATURE: ROBERT WEINER				04/29/2009	
Electronic Signature of Registered Agent			nt	Date	
Election Can	npaign Financi	ing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (WEINER, HO 10954NW718 PARKLAND,	ST CT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	WEINER, RO 7150 GREAT	() Delete BERT FALLS CIRCLE EACH, FL 33437	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	WEINER, PH 7150 GREAT	() Delete YLLIS FALLLS CIRCLE EACH, FL 33437	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D (PERLMAN, L 19107TWO F BOCA RATOR	RIVER LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D (() Delete	Title:	() Change () Addition	

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

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT WEINER PRES 04/29/2009

PERLMAN, PHILLIP

19107TWO RIVER LANE

BOCA RATON, FL 33498

Name:

Address:

City-St-Zip: