

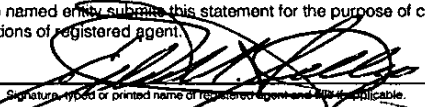



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90041 045 ***150.00

DOCUMENT # S88452 1. Entity Name E.M.S. BANDIT, INC.					
Principal Place of Business 4 MIDDLE ROAD STUART, FL 34996			Mailing Address 4 MIDDLE ROAD STUART, FL 34996		
2. Principal Place of Business 3015 SE St Lucie Blvd Suite, Apt. #, etc.		3. Mailing Address 3015 SE St Lucie Blvd Suite, Apt. #, etc.		50004256 	
City & State Stuart FL		City & State Stuart FL		4. FEI Number 65-0292275	
Zip 34997		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SELLIAN, EDWARD M 4 MIDDLE RD. STUART, FL 34996				7. Name and Address of New Registered Agent Name Edward M Sellian Street Address (P.O. Box Number is Not Acceptable) 3015 SE St Lucie Blvd City Stuart FL Zip Code 34997	
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  Edward M Sellian, Director 1-8-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELLIAN, EDWARD M 4 MIDDLE ROAD STUART, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Edward M Sellian 3015 SE St Lucie Blvd Stuart FL 34997	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
SIGNATURE:  Edward M Sellian 1-8-05 772-219-9771 <small>SIGNATURE AND SEEN OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					