2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2008 08:00 AM **DOCUMENT # S88452 Secretary of State** 1. Entity Name E.M.S. BANDIT, INC. Principal Place of Business Mailing Address 3015 SE ST. LUCIE BLVD 3015 SE ST. LUCIE BLVD STUART, FL 34997 STUART, FL 34997 No Chg-P CR2E034 (11/05) 04242008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0292275 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SELLIAN, EDWARD M DO NOT WRITE 3015 SE ST LUCIE BLVD STUART, FL 34997 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent alignature regulred when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITI F NAME SELLIAN, EDWARD M 05/21/08-80060-018 150.00 STREET ADDRESS 3015 SE ST LUCIE BLVD STUART, FL 34997 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE .

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

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINCIPO NAME OF SIGNING OFFICER OR DIRECTOR

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772-781-2581

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Daytime Phone #