2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # S96524

1. Entity Name

ENGINEERING MANAGEMENT SOLUTIONS, INC.



FILED Jan 25, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

2932 SUNBITTERN COURT WINDERMERE, FL 34786

US

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US



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No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3094189

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUKE, JOHN H. 2932 SUNBITTERN COURT WINDERMERE, FL 34786

DO NOT WRITE 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

10.

TITLE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

U00000738364 '30,'08-80024-01.4

PSTD TITLE DUKE, PAMELA J. NAME STREET ADDRESS 2932 SUNBITTERN CT CITY-ST-7IP WINDERMERE, FL

OFFICERS AND DIRECTORS

DUKE, JOHN H. NAME STREET ADDRESS 2932 SUNBITTERN CT CITY-ST-ZIP

VD

WINDERMERE, FL TITLE NAME STREET ADDRESS

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

DO NOT WRITE IN THIS SPACE

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 eath; 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: <u>೯೩೬५ ಆ</u>

STREET ADDRESS CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-876-9284