FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1	Idress of Reporti	F	2. Date of Event Requiring Stater Month/Day/Yea	nent	3. Issuer Name and Ticker or Trading Symbol EMAZING INTERACTIVE, INC. [EMZG]				
(Last) 101-C N. GR SUITE 255 (Street) ALLEN (City)	(First) EENVILLE A TX (State)	(Middle)	06/05/2007		4. Relationship of Reporting Pers (Check all applicable) X Director X X Officer (give title below) Chief Executive Officer / Officer	10% Own Other (spe below)	er 6. Ap	5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person	
Table I - Non-Derivative Securities Beneficially Owned									
1. Title of Security (Instr. 4)					eneficially Owned (Instr. 4)			Nature of Indirect Beneficial Ownership (Instr. 5)	
Common Stock					5,000,000	D			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
1. Title of Derivative Security (Instr. 4) 2. Date Exerc Expiration Date (Month/Day/Y) Date Exercisable			ite	3. Title and Amount of Securi Underlying Derivative Securi 4)		4. Conversion	Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
				Expiration Date	Title	Amount or Number of Shares	Exercise Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	

Explanation of Responses:

/s/ Edward Hancock

06/05/2007

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 5 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.