2008 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 15, 2008 08:00 AM Secretary of State **DOCUMENT # P06000146021** 1. Entity Name ESOL RESOURCES, INC. Principal Place of Business Mailing Address 901 ORANGE AVENUE 901 ORANGE AVENUE CRESCENT CITY, FL 32112 CRESCENT CITY, FL 32112 gianakan kapisan an intinggi at ministra periodia sa mengangan penggangan di antan dianggan beranda an antan s No Chg-P CR2E034 (11/05) 01072008 Applied For 4. FEI Number 22-3953275 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **BUCHAN, GERARD** DO NOT WRITE **508 CENTRAL AVENUE** CRESCENT CITY, FL 32112 IN THIS SPACE of the the specific of the said what there is a superior to the said of the said of the said of the said 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. Lam familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent argneture required 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 \$530.00 10. OFFICERS AND DIRECTORS TITLE a ay an ar w w. Subana iv. at w. That his within the ell WEST, JUDITH B NAME lim mining de 1878, de protestat angle delektra delektra de 1881 et 1881 et 1881 et 1881 et 1881 et 1881 et 1 STREET ADDRESS 901 ORANGE AVENUE with the change of more as an absorber of more design CITY-ST-ZIP CRESCENT CITY, FL 32112 TITLE S/T 02/26/08-80059-007 (158, 75 WEST, RONALD C STREET ADDRESS 901 ORANGE AVENUE ema de de prima de responsa Cff Y-ST-ZIP CRESCENT CITY, FL 32112 TITLE NAME STREET ADDRESS DO NOT WRITE C(TY-ST-Z)P TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP and the control to the grown filters on the A TITLE Deliver all the first property and property and the set for the NAME jaliga lang dag sa tempi penda panta 1991, sa te STREET ADDRESS CITY-ST-ZIP TITLE apada kan Aliferia di keja na salamparah dindah di dalah lamma di angamatan NAME Magazinia dalamas dagi shiga marasidi pangi sa hiji sabasan da da handa. STREET ADORESS grang karangsa sang parahayan ar ar bi batan da saman

12. Thereby certify that the information supplied with this filling 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 address, with all other like empowered.

G OFFICER OR DIRECTOR

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2/12/08 386-698-2370

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