

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90082 039 \*\*\*150.00

|  |  |   |   |  |  |
|--|--|---|---|--|--|
| <b>DOCUMENT # F05000004345</b><br>1. Entity Name<br><b>ENSTAR HOLDINGS (US) INC.</b>   |  |   |   |  |  |
| Principal Place of Business<br><b>7901 4TH STREET NORTH, STE. 203<br/>ST. PETERSBURG, FL 33702</b>   |  |   | Mailing Address<br><b>7901 4TH STREET NORTH, STE. 203<br/>ST. PETERSBURG, FL 33702</b>  |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip                      Country  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip                      Country           |   |  |  |
| 4. FEI Number<br><b>20-0684031</b>   |  |   |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |   |   | 02292008    Chg-P    CR2E034 (12/06)   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>BALKAN, THOMAS J<br/>7901 4TH STREET NORTH, STE. 203<br/>ST. PETERSBURG, FL 33702</b>   |  |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <b>FL</b> Zip Code |  |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |  |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>C</b><br><b>OROS, JOHN</b><br><b>280 HIGHLAND AVENUE</b><br><b>RIDGEWOOD, NJ 07450</b> <input type="checkbox"/> Delete                        |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b><br><b>HARRIS, RICHARD</b><br><b>3 MILL POINT ROAD, PEMBROKE</b><br><b>BERMUDA, HM19,</b> <input checked="" type="checkbox"/> Delete     |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b><br><b>DAVIS, CHERYL</b><br><b>7035 Halcyon Park Drive</b><br><b>Montgomery, AL 36117</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P</b><br><b>WALL, KARL J</b><br><b>7901 4TH STREET NORTH, STE. 203</b><br><b>ST. PETERSBURG, FL 33702</b> <input type="checkbox"/> Delete     |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VP</b><br><b>STOLZ, DONNA</b><br><b>7901 4TH STREET NORTH, STE. 203</b><br><b>ST. PETERSBURG, FL 33702</b> <input type="checkbox"/> Delete    |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>S</b><br><b>BALKAN, THOMAS J</b><br><b>7901 4TH STREET NORTH, STE. 203</b><br><b>ST. PETERSBURG, FL 33702</b> <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>T</b><br><b>RYAN, RICHARD C</b><br><b>7901 4TH STREET NORTH, STE. 203</b><br><b>ST. PETERSBURG, FL 33702</b> <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 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 address, with all other like empowered. |  |   |   |  |  |
| <b>SIGNATURE:</b>  |  |   | <b>04/18/08</b> (727) 576-1632<br><small>Date                      Daytime Phone #</small>  |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   |   |  |  |