

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Oct 20, 2006
Secretary of State**

DOCUMENT# F98000005186

Entity Name: ENGINEERING SUPPORT PERSONNEL, INC.

Current Principal Place of Business:

626 164TH STREET SW
LYNNWOOD, WA 98037

New Principal Place of Business:

3361 ROUSE RD
STE 165
ORLANDO, FL 32817

Current Mailing Address:

P.O. BOX 13127
MILL CREEK, WA 98082 US

New Mailing Address:

3361 ROUSE RD
STE 165
ORLANDO, FL 32817 US

FEI Number: 91-1504007 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUSSELL, JOHN
3361 ROUSE RD
STE 165
ORLANDO, FL 32817 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WENS, ROGER M
Address: 626 164TH STREET SW
City-St-Zip: LYNNWOOD, WA 98037

Title: VP (X) Delete
Name: NAKATA, GARY
Address: 3877 MEADOW PARK LANE
City-St-Zip: TORRANE, CA 90505

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: RUSSELL, JOHN
Address: 3361 ROUSE RD STE 165
City-St-Zip: ORLANDO, FL 32817

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN RUSSELL

CEO

10/20/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date