


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # H28137
 1. Entity Name
 ESLU, INC.



Principal Place of Business
 120 INTERNATIONAL PKWY
 SUITE 176
 LAKE MARY, FL 32746

Mailing Address
 P.O. BOX 952679
 LAKE MARY, FL 32795



04052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-2462702

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BUTLER, G. VINCENT
 1808 WINGFIELD DRIVE
 LONGWOOD, FL 32779

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BUTLER, G. VINCENT 1808 WINGFIELD DRIVE LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LATOFF, ADRIENNE 10519 MARSH COVE COURT ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JENNINGS, LYNN H. 1001 FERNE DR LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 05/09/06-80105-025 150.00

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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.

SIGNATURE: Brenda D. Ruple COMPTROLLER 4/24/06 (407) 333-0024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

BRENDA D. RUPLE