2005 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Apr 14, 2005 08:00 AM Secretary of State DOCUMENT # H32129 ENGINEERING SPECIALTY PRODUCTS, INC. Principal Place of Business Mailing Address 1510 PEACHTREE STREET 1840 BALDWIN AVE UNIT 29 COCOA, FL 32922 ROCKLEDGE, FL 32955 No Chg-P 03282005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2477632 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KIRSCHNER, DONNA C. DO NOT WRITE 1840 BALDWIN #10 ROCKLEDGE, FL 32955 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, typed or printed name of registered agent and title if applicable (NOTE Registered Acent signature required when reinstation) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PDT KIRSCHNER, DONNA C. (S) STREET ADDRESS 1840 BALDWIN #10 CITY-ST-ZIP ROCKLEDGE, FL 32955 U00000305683 TITLE 04/14/05-80094-011 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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:

NAME STREET ADDRESS CITY-ST-ZIP