2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2008 8:00 am
Secretary of State
05-05-2008 90240 044 ***158.75

DOCUMENT # K78360

1. Entity Name
ESSIAC PRODUCTS SERVICES, INC.

Principal Place of Business	Mailing Address
623 E ATLANTIC BLVD SUITE 6013 POMPANO BEACH FL 33060	P.O. BOX 6013 POMPANO BEACH FL 33060

2. Principal Place of Business - No P.O. Box #	3. Mailing Address 2637 E ATLANTIC Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc. 119
City & State	City & State Pompano Beach FL
Zip / Country	Zip 33062 / Country USA

1st MOORE CR2E034 (10/07)

4. FEI Number 65-0121769 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GAULIN, PIERRE 623 E ATLANTIC BLVD # 6013 POMPANO BEACH FL 33060 2637 E Atlantic Blvd #119 Pompano Beach FL 33062	Name GAULIN Pierre Street Address (P.O. Box Number is Not Acceptable) 2637 E Atlantic Blvd #119 Pompano Beach Fl. 33062 City FL 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 _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when registering) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GAULIN, PIERRE ANDRE 623 E ATLANTIC BLVD # 6013 POMPANO BEACH FL 33060 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GAULIN Pierre André 2637 E Atlantic Blvd #119 Pompano Beach Fl 33062 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLONDIN, GILBERT 390 RIDEAUST, BOX 20111 OTTAWA CA ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #