


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90240 044 \*\*\*158.75

<b>DOCUMENT # K78360</b>	
1. Entity Name <b>ESSIAC PRODUCTS SERVICES, INC.</b>	

Principal Place of Business <b>623 E ATLANTIC BLVD SUITE 6013 POMPANO BEACH FL 33060</b>	Mailing Address <b>P.O. BOX 6013 POMPANO BEACH FL 33060</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>2637 E ATLANTIC BLVD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>119</b>

1st MOORE CR2E034 (10/07)

City & State <b>POMPANO BEACH FL</b>	City & State <b>POMPANO BEACH FL</b>	4. FEI Number <b>65-0121769</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33062</b>	Country <b>USA</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**GAULIN, PIERRE**  
**623 E ATLANTIC BLVD**  
**# 6013**  
**POMPANO BEACH FL 33060**

*2637 E ATLANTIC BLVD # 119, POMPANO BEACH FL 33062*

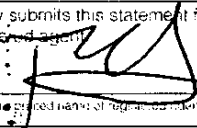
**7. Name and Address of New Registered Agent**

Name: **GAULIN PIERRE**

Street Address (P.O. Box Number is Not Acceptable): **2637 E ATLANTIC BLVD # 119**

City: **POMPANO BEACH FL** Zip Code: **33062**

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: \_\_\_\_\_

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GAULIN, PIERRE ANDRE 623 E ATLANTIC BLVD # 6013 POMPANO BEACH FL 33060 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLONDIN, GILBERT 390 RIDEAUST, BOX 20111 OTTAWA CA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GAULIN Pierre Andre <input type="checkbox"/> Change <input type="checkbox"/> Addition 2637 E Atlantic Blvd # 119 Pompamo Beach FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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 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: \_\_\_\_\_ Designation: \_\_\_\_\_