


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 05, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L31953**  
 1. Entity Name  
**ENERGY SCIENCES INC.**



Principal Place of Business      Mailing Address  
**2821 DOUGLAS ROAD**      **2821 SW 37 AVE**  
**MIAMI, FL 33133**      **MIAMI, FL 33133**

**DO NOT WRITE IN THIS SPACE**



06302005      No Chg-P      CR2E034 (10/03)

4. FEI Number  
**65-0157472**      Applied For  
 Not Applicable

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

5. Name and Address of Current Registered Agent  
**ANDIROGLU, ESBER**  
**2821 DOUGLAS ROAD**  
**MIAMI, FL 33133**

**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: *[Signature]*      (NOTE: Registered Agent signature required when reinstating)      DATE: 9/30/05

**FILE NOW!!! FEE IS \$350.00**  
**Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ANDIROGLU, ESBER
STREET ADDRESS	155 COCOPLUM ROAD
CITY-ST-ZIP	CORAL GABLES, FL 33143
TITLE	V
NAME	ANDIROGLU, ISABELLE
STREET ADDRESS	155 COCOPLUM ROAD
CITY-ST-ZIP	CORAL GABLES, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 07/05/05-80030-019 558.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]*      Date: 9/30/05      Daytime Phone #