


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 10, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L31953</b> 1. Entity Name <b>ENERGY SCIENCES INC.</b>	
---	---

Principal Place of Business <b>2821 DOUGLAS ROAD MIAMI, FL 33133</b>	Mailing Address <b>2821 SW 37 AVE MIAMI, FL 33133</b>
---	--

**DO NOT WRITE IN THIS SPACE**



07062006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0157472</b>	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
---	---

6. Name and Address of Current Registered Agent  <b>ANDIROGLU, ESBER 2821 DOUGLAS ROAD MIAMI, FL 33133</b>
--

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reappointing)	DATE _____
---	---	------------

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ANDIROGLU, ESBER 155 COCOPLUM ROAD CORAL GABLES, FL 33143</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V ANDIROGLU, ISABELLE 155 COCOPLUM ROAD CORAL GABLES, FL 33143</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**

07/10/06-85004-005 150.00

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 my address, with all other like empowered.

<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <b>7/5/06</b>	Daytime Phone # <b>(305) 448-8824</b>
--	--------------------	---------------------------------------