2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35046

FILED Apr 29, 2009 Secretary of State

Entity Na	IME: ESTHER NETWORK INTERNATION	IAL, INC.		
Current Principal Place of Business:		New Principal Place o	New Principal Place of Business:	
2602 S DI SUITE 5 WEST PA	XIE ALM BEACH, FL 33405 US	2602 S DIXIE HWY. SUITE 7 WEST PALM BEACH, F	FL 33401 US	
Current Mailing Address:		New Mailing Address	New Mailing Address:	
PO BOX 6 WEST PA	5338 ALM BEACH, FL 334096338	PO BOX 6338 WEST PALM BEACH, F	FL 3345	
FEI Numbe	r: 65-0196524 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
2840 FAR	ESTHER S RRAGUT LANE ALM BEACH, FL 33409 US			
	e named entity submits this statement for th te of Florida.	e purpose of changing its registered	office or registered agent, or both,	
SIGNATU	IRE:			
Electronic Signature of Registered Agent		Agent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VPTD () Delete ILNISKY, WILLIAM N 2840 FARRAGUT LANE W. PALM BEACH, FL 33409	Title: (Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	PD () Delete ILNISKY, ESTHER S. 2840 FARRAGUT LANE W. PALM BEACH, FL 33409	Title: (Name: Address: City-St-Zip:	() Change() Addition	
Title: Name:	SD () Delete	Title: () Change () Addition	
Address: City-St-Zip:	GOODWIN, DAISY 11930 HARBOR COVE DR. JACKSONVILLE, FL	Name: Address: City-St-Zip:	() Change () Channel	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EI PRES 04/29/2009