2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 24, 2008 08:00 AN Secretary of State **DOCUMENT # P00000009480** 1. Entity Name E STREET TECHNOLOGY, INC. Mailing Address Principal Place of Business 7261 BEE RIDGE ROAD 7261 BEE RIDGE ROAD SARASOTA, FL 34241 SARASOTA, FL 34241 04212008 CR2E034 (11/05) No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0973841 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NORTH, MARCIA DO NOT WRITE 7261 BEE RIDGE ROAD SARASOTA, FL 34241 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. (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 000000918983 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 05/13/08-80106-001 150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PD JITI F NORTH, MARCIA NAME 7261 BEE RIDGE ROAD STREET ADDRESS CITY ST-ZIP SARASOTA, FL 34241 TITLE NAME STREET ADDRESS CITY-ST-ZIP **IIII F** NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE 7ITI F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 an address, with all other tike empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

80-16-P

379 941-326-0623

FILED

Daytime Phone #