2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P00000010149 1. Entity Name E STAR TECHNOLOGIES, INC. Principal Place of Business 1801 PENN STREET MELBOURNE, FL 32901 Mailing Address 1801 PENN STREET MELBOURNE, FL 32901 DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent

REIZES, LESLIE N

SIGNATURE:

SUITE 308

1177 GEORGE BUSH BLVD.

DELRAY BEACH, FL 33483

FILED Apr 20, 2007 08:00 Al Secretary of State



04172007

4/17/07

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0977573 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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, typed or crinted name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) OATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
10.	OFFICERS AND DIREC	CTORS			
THLE NAME STREET ADDRESS CITY-ST-ZIP	PST OLESIAK, MAREK 1801 PENN STREET MELBOURNE, FL 32901		,		000000719672 05/01/07-80074-004 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP					05/01/07-80074-004 158.75
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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 like entropy that the state of the same legal effect as if made under oath; that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like entropy.					

NAME OF SIGNING OFFICER OR DIRECTOR