2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

Apr 11, 2005 8:00 am Secretary of State **DOCUMENT # P02000025808** 04-11-2005 90193 035 ***158.75 1. Entity Name ESI WORLDWIDE, INC. Mailing Address Principal Place of Business 50036616 7530 BAYPORT ROAD 7530 BAYPORT ROAD ORLANDO, FL 32819 ORLANDO, FL 32819 3. Mailing Address 2. Principal Place of Business 8848 Grey Hawk Pointe 8848 Grey Hawk Pointe Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 04082005 Chg-P 4. FEI Number Applied For City & State City & State 04-3607114 Orlando, Florida Not Applicable Orlando, <u>orida</u> Country USA Country Zip 32836 \$8.75 Additional 5. Certificate of Status Desired 32836 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANTHONY, ROBERT W Street Address (P.O. Box Number is Not Acceptable) 1325 W COLONIAL DRIVE ORLANDO, FL 32804 City 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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!!: FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS TITLE Delete ΠLÈ GORDON, JEREMY GORDON, JEREMY NAME NAME 7530 BAYPORT ROAD STREET ADDRESS 8848 Grey Hawk Pointe STREET ADDRESS CITY-ST-7IP Orlando, FL 32836 CITY-ST-7IP ORLANDO, FL 32819 Addition TITLE TITLE ☐ Change Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition MILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILLE TITLE ☐ Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. (407)876-9186 Jeremy A. Gordon 04/08/05

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED