2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 14, 2005 08:00 AM Secretary of State **DOCUMENT # P03000078471** ESP OF CENTRAL FLORIDA INC. Principal Place of Business Mailing Address PO BOX 451683 PO BOX 451683 KISSIMMEE, FL 34745 KISSIMMEE, FL 34745 No Chg-P CR2E034 (10/03) 01132005 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 55-0842070 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PUGH, KIMBERLY DO ÑOT WRITE 105 ORANGE AVE ST CLOUD, FL 34769 IN THIS SPACE 2. 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, typed or printed name of registered agent and title if applicable. PNOTE. Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DP TITLE PUGH, KIMBERLY NAME STREET ADDRESS 105 ORANGE AVE ST CLOUD, FL 34769 CITY-ST-ZIF TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIF TISLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby 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.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

FILED