2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jul 29, 2005 8:00 am **Secretary of State DOCUMENT # P04000072648** 1. Entity Name 07-29-2005 90014 035 ***158.75 E.S.S.I., INC. Principal Place of Business Mailing Address 15010 N. 78TH WAY, #107 15010 N. 78TH WAY, #107 50058566 SCOTTDALE, AZ 85260 SCOTTDALE, AZ 85260 2. Principal Place of Business 14988 N 785 3. Mailing Address W AY 14988 Suite, Apt. #, etc. Suite, Apt. #, etc. 07252005 Chg-P CR2E034 (10/03) 200 suite City & State 4. FEI Number Applied For ΑZ Sco HSDALE Scottsoure 20-1085810 Not Applicable Zip Country \$8.75 Additional 95260 5. Certificate of Status Desired US A 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVCIE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, EL 32301. City Zip Code 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 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOWIII FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. Due by September 7, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME JOHNS, MIKE NAME STREET ADDRESS 219 OSCEOLA ROAD STREET ADDRESS CITY-ST-ZIP BELLAIR, FL 33756 CITY-ST-ZIP THE ☐ Delete TITLE ☐ Change ■ Addition NAME HEMPEL, KARL NAME STREET ADDRESS **583 BOBBIN BROOK LANE** STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32398 CITY-ST-ZIP Blake, Clifford TITLE ☐ Delete TITLE NAME **BLAKE, CLIFFORD** NAME 14988 N 7842 WAY Guite 200 STREET ADDRESS 15010 N. 78TH WAY, #107 STREET ADDRESS CITY-ST-7IP SCOTTSDALE, AZ 85260 CITY-ST-7IP SLO HSDALE TIDE TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE 🗖 Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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.

CICHATUDE.

FILED

7/25/05

ATTACHMENT SOUS 85766

OPTION 3 - Receive a form by mail - Allow up to 28 days total processing time.

- Detach this postcard.
- Enter address to mail report to, if different from preprinted address.
- Affix postage on reverse side and mail.

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E.S.S.I., INC. 15010 N. 78TH WAY, #107 SCOTTDALE AZ 85260-2612 ESSI INC 14988 N 784 WH #200 Scottspare, AZ 85260



CR2E095-2nd 03/05