


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 19, 2007 8:00 am**  
**Secretary of State**

07-19-2007 90023 020 \*\*\*158.75

<b>DOCUMENT # P04000072648</b> 1. Entity Name <b>E.S.S.I., INC.</b>					
Principal Place of Business <b>14988 N 78TH WAY SUITE 200 SCOTTSDALE, AZ 85260</b>			Mailing Address <b>14988 N 78TH WAY SUITE 200 SCOTTSDALE, AZ 85260</b>		
2. Principal Place of Business - No P.O. Box # <b>33747 N. SCOTTSDALE RD</b>			3. Mailing Address <b>(Same as Box 2.)</b>		
Suite, Apt. #, etc. <b>Suite 135</b>			Suite, Apt. #, etc. 		
City & State <b>SCOTTSDALE, AZ</b>			City & State 		
Zip <b>85266</b>		Country <b>U.S.A.</b>		Zip 	
Country 		4. FEI Number <b>20-1085810</b>			
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICIE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>			7. Name and Address of New Registered Agent Name 		
Street Address (P.O. Box Number is Not Acceptable) 			Street Address (P.O. Box Number is Not Acceptable) 		
City 			City <b>FL</b>		
Zip Code 			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNS, MIKE 219 OSCEOLA ROAD BELLAIR, FL 33756	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEMPEL, KARL 583 BOBBIN BROOK LANE TALLAHASSEE, FL 32398	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAKE, CLIFFORD 14988 N 78TH WAY, SUITE 200 SCOTTSDALE, AZ 85260	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Chief Financial Officer</b> <b>SHANNON DAY, CPA</b> <b>33747 N. SCOTTSDALE RD. #135</b> <b>PHOENIX, AZ 85266</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 empowered.					
SIGNATURE: <u>Shannon Day, CPA, CFO</u>			Date: <u>7-16-07</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: <u>(480) 315-0490</u>		