

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Mar 14, 2007  
Secretary of State**

DOCUMENT# P04000165672

Entity Name: ESME MANAGEMENT, INC.

**Current Principal Place of Business:**

4740 STONE RIDGE TR  
SARASOTA, FL 34232 US

**New Principal Place of Business:**

4740 STONE RIDGE TRAIL  
SARASOTA, FL 34232 US

**Current Mailing Address:**

802 11TH STREET WEST  
BRADENTON,, FL 34205 US

**New Mailing Address:**

FEI Number: 20-1991550      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BLALOCK, WALTERS, HELD & JOHNSON, P.A.  
802 11TH ST WEST  
BRADENTON, FL 34205 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D,P ( ) Delete  
Name: HARTMAN, RANDY B M.D.  
Address: 4740 STONE RIDGE TRAIL  
City-St-Zip: SARASOTA, FL 342323033 US

Title: DVST ( ) Delete  
Name: BLANKENSHIP, THOMAS E  
Address: 6815 PINDO BLVD.  
City-St-Zip: SARASOTA, FL 34241 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D,P (X) Change ( ) Addition  
Name: BLANKENSHIP, THOMAS E  
Address: 6815 PINDO BLVD.  
City-St-Zip: SARASOTA, FL 34241 US

Title: DVST (X) Change ( ) Addition  
Name: HARTMAN, RANDY B M.D.  
Address: 4740 STONE RIDGE TRAIL  
City-St-Zip: SARASOTA, FL 342323033 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS E. BLANKENSHIP

D,P

03/14/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date