2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# P05000001337

Entity Name: ESALES GROUP, INC.

Current Principal Place of Business:

10220 FISHER AVE #9
TAMPA, FL 33619

New Principal Place of Business:

19046 BRUCE B DOWNS BLVD.
SUITE 232
TAMPA, FL 33647

Current Mailing Address:

19046 BRUCE B. DOWNS BLVD. #232
TAMPA, FL 33647

New Mailing Address:

FEI Number: 20-2154751 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARRISON, SHARON
19046 BRUCE B DOWNS BLVD
#232
TAMPA, FL 33647 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTS ( ) Delete
Name: HARRISON, SHARON
Address: 10220 FISHER AVE #9
City-St-Zip: TAMPA, FL 33619

Title: VSD ( ) Delete
Name: HARRISON, MICHAEL B
Address: 10220 FISHER AVE #9
City-St-Zip: TAMPA, FL 33619

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTS (X) Change ( ) Addition
Name: HARRISON, SHARON
Address: 19046 BRUCE B DOWNS BLVD, STE 232
City-St-Zip: TAMPA, FL 33647

Title: VSD (X) Change ( ) Addition
Name: HARRISON, MICHAEL B
Address: 19046 BRUCE B DOWNS BLVD, STE 232
City-St-Zip: TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify 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: SHARON HARRISON PTS 05/01/2007

Electronic Signature of Signing Officer or Director — Date