2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000052110

City-St-Zip:

JACKSONVILLE, FL 32207

Entity Name: E STREET HOLDINGS, INC.

FILED Jan 06, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5550 BEACH BOULEVARD JACKSONVILLE, FL 322075161 **Current Mailing Address: New Mailing Address:** 5550 BEACH BOULEVARD JACKSONVILLE, FL 322075161 FEI Number: 20-2665833 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MALONE, MARY M 5550 BEACH BOULEVARD JACKSONVILLE, FL 322075161 US 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: PRFS (X) Change () Addition MALONE, MARY M Name: Name: MALONE, MARY M 5923 SAXONY WOODS LANE 5923 SAXONY WOODS LANE Address: Address: City-St-Zip: JACKSONVILLE, FL 32211 City-St-Zip: JACKSONVILLE, FL 32211 Title: VΡ Title: () Delete () Change () Addition Name: ZARKA, ANDREW J Name: 2101 COLLEGE ST Address: Address: JACKSONVILLE, FL 32204 City-St-Zip: City-St-Zip: () Delete Title: Title: VΡ (X) Change () Addition DOOLEY, CARRIE Z DOOLEY, CARRIE Z Name: Name: 1914 IBIS POINT LANE 459 INLAND WAY Address: Address: City-St-Zip: JACKSONVILLE, FL 32224 City-St-Zip: JACKSONVILLE, FL 32233 Title: VΡ () Delete Title: () Change () Addition ZARKA, MARGARET Name: Name: Address: 1592 LE BARON AVE Address:

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.

City-St-Zip:

SIGNATURE: MARY M. MALONE PRES 01/06/2009