2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007
Secretary of State

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Entity Name: ESSENTIAL ENTERPRISE SOLUTIONS, INC.

Current Principal Place of Business:

935 MAIN STREET
SUITE B1
SAFETY HARBOR, FL 34695 US

New Principal Place of Business:

3686 OLD KEYSTONE RD.
TARPON SPRINGS, FL 34688 US

Current Mailing Address:

3073 HAMPTON CT.
CLEARWATER, FL 33761 US

New Mailing Address:

3686 OLD KEYSTONE RD.
TARPON SPRINGS, FL 34688 US

FEI Number: 20-3235637 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JEFFRIES, DAVID M
101 E KENNEDY BLVD
SUITE 3000
TAMPA, FL 33602 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P,D ( ) Delete
Name: MADISON, PHILLIP H
Address: 935 MAIN ST. SUITE B2
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: V,D ( ) Delete
Name: DAVIES, DAVID A
Address: 935 MAIN ST. SUITE B2
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: S ( ) Delete
Name: BERKOFF, MARILYN J
Address: 935 MAIN ST. SUITE B2
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,D (X) Change ( ) Addition
Name: MADISON, PHILLIP H
Address: 3686 OLD KEYSTONE RD.
City-St-Zip: TARPON SPRINGS, FL 34688 US

Title: V,D (X) Change ( ) Addition
Name: DAVIES, DAVID A
Address: 3686 OLD KEYSTONE RD.
City-St-Zip: TARPON SPRINGS, FL 34688 US

Title: S (X) Change ( ) Addition
Name: BERKOFF, MARILYN J
Address: 3686 OLD KEYSTONE RD.
City-St-Zip: TARPON SPRINGS, FL 34688 US

Title: V,D ( ) Change (X) Addition
Name: SNIBBE, ROBERT
Address: 3686 OLD KEYSTONE RD.
City-St-Zip: TARPON SPRINGS, FL 34688 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: PHILLIP H MADISON P, D 04/12/2007

Electronic Signature of Signing Officer or Director Date