
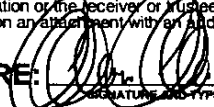


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90484 022 ***150.00

| | | | | | |
|--|--|--|--|---|--|
| DOCUMENT # P05000141007 | | | |  | |
| 1. Entity Name ERECTION SPECIALISTS INC. | | | | | |
| Principal Place of Business 605 FAIR OAKS DR TARPON SPRINGS, FL 34689 | | | Mailing Address 605 FAIR OAKS DR TARPON SPRINGS, FL 34689 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 02162006 Chg-P CR2E034 (11/05) | |
| 4. FEI Number 59-3821458 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| CELESTE, CHRISTIAN 605 FAIR OAKS DR TARPON SPRINGS, FL 34689 | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HANSEN, CHRISTOPHER RR2 BOX2090S TOWNSEND, GA 31331 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP JOHNSON, MATTHEW 2480 CYPRESS POND RD #113 PALM HARBOR, FL 34683 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T/D CELESTE, CHRISTIAN 605 FAIR OAKS DR TARPON SPRINGS, FL 34689 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S CELESTE, CHRISTIAN 605 FAIR OAKS DR TARPON SPRINGS, FL 34689 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| 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 any attached statement with an address, with all other like empowered. | | | SIGNATURE:  CHRISTIAN CELESTE | | |
| Date | | | Daytime Phone # | | |