

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

04-19-2007 90189 020 ***150.00

DOCUMENT # P06000093239	
1. Entity Name ESSENTIAL COMMUNICATIONS STRATEGIES, INC.	

Principal Place of Business 8160 BAY MEADOWS WAY WEST SUITE 190 JACKSONVILLE, FL 32256 US	Mailing Address 8160 BAY MEADOWS WAY WEST SUITE 190 JACKSONVILLE, FL 32256 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02132007 Chg-P CR2E034 (12/06)

4. FEI Number 20-5256241	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent QUIBELL, VICTORIA 8160 BAY MEADOWS WAY WEST SUITE 190 JACKSONVILLE, FL 32256		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.

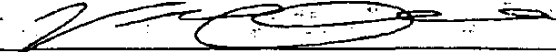
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**FILE NOW!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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	D.P. QUIBELL, VICTORIA 8160 BAY MEADOWS WAY WEST, SUITE 190 JACKSONVILLE, FL 32256 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP,S QUIBELL, VICTORIA 8160 BAY MEADOWS WAY WEST, SUITE 190 JACKSONVILLE, FL 32256 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T QUIBELL, VICTORIA 8160 BAY MEADOWS WAY WEST, SUITE 190 JACKSONVILLE, FL 32256 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

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 an attachment with an address, with all other like empowered.

SIGNATURE:  4-9-07 (904) 448-8844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #