FILED Apr 11, 2008 8:00 am Secretary of State

2008	FOR PROFIT CORPORATION
	ANNUAL REPORT

DOCUMENT # P07000120931 1. Entity Name ENTERTAINMENT SERVICES INCLUSIVE INC.					04-11-2008 90064 016 ***150.00					
Principal Place of Business 4680 87TH TERRACE PINELLAS PARK, FL 33782		Mailing Address 4680 87TH TERRACE PINELLAS PARK, FL 33782								
Principal Place of Business - No P.O. Box # 3. Mailing Area.			3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01212008	Chg-P	CR2E03	34 (12/06)		
City & State		City & State			4. FEI Numb	per		ļļi	plied For t Applicable	
Zip		Country	Zip Coun		ntry	5. Certificate	e of Status Desired		\$8.75 Add ee Required	
	6. Name	and Address of Current	Registered Agent		7. Name and Address of New Registered Agent Name					
SANTIAGO, ROLANDO J 240 APOLLO BEACH BLVD APOLLO BEACH, FL 33572			Street Address (P.O. Box Number is Not Acceptable)							
					City			FL	Zip Code)
The above named entity submits this statement for the purpose of changing its registered office of the obligations of registered agent.						red agent, or bo	oth, in the State of Flo		amiliar with,	and accept
SIGNATURE_										
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added								·		
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFFI	ICERS AND	DIRECTORS	3 IN 11
title Name	PVPT Delete TITL OPALENEK, ERIC			1				☐ Change	Addition	
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12. I hereby certify that the information supplied with this filling 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 the earth countries 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 trusted empowered 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 formation like empowered. SIGNATURE: 12. I hereby certify that the information supplied with this filling 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 the information of the receiver of the corporation or the receiver or trusted empowered 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 formation of the receiver or trusted empowered. Signature 12. I have a supplemental report in the information or the receiver or trusted empowered 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 formation of the receiver or trusted empowered. Signature 13. Florida Statutes as if the corporation of the receiver or trusted empowered in the receiver of the corporation of the receiver or trusted empowered in the receiver of the corporation of the receiver or trusted empowered in the receiver of the corporation of the receiver										
SIGNATURE: SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE OF SIGNING OFFICER OR DIRECTOR Date District Prince #										