

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
May 02, 2008 8:00 am  
Secretary of State**

05-02-2008 90150 014 \*\*\*158.75

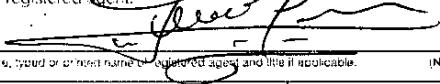
DOCUMENT # P97000098954		
1. Entity Name EMERGENCY SERVICE PRODUCTS, INC.		

Principal Place of Business 1250 E. HALLANDALE BCH DR SUITE 703 HALLANDALE, FL 33009	Mailing Address P.O. BOX 1706 HALLANDALE, FL 33008
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2. Principal Place of Business - No P.O. Box # 4747 Leston St.	3. Mailing Address P.O. Box 560024
Suite, Apt. #, etc. Suite 805	Suite, Apt. #, etc.
City & State Dallas, TX	City & State Dallas, TX
Zip 75247	Country U.S.A.
Zip 75247	Country U.S.A.

6. Name and Address of Current Registered Agent  DE PAZ, FERNANDO I 1250 E HALLANDALE BEACH BLVD SUITE 703 HALLANDALE BEACH, FL 33009	Name
	Street Address (P.O. Box Number is Not Acceptable) 9761 Sunrise Lakes Blvd, #202
	City Sunrise FL Zip Code 33322

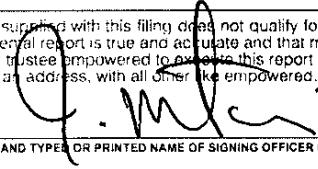
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when renotating) DATE 4/21/08

Signature, typed or printed name of registered agent and title if applicable.	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MONTANO, GEORGE 1250 HALLANDALE BEACH BLVD., SUITE 703 HALLANDALE, FL 33009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 4747 Leston St. #805 Dallas, TX 75247
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  Date 4/21/08 Daytime Phone #

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR