

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90319 035 ***158.75



DOCUMENT # P98000002955
1. Entity Name
ESSIAC INTERNATIONAL, INC.

Principal Place of Business
**230 S CYPRESS RD
POMPANNO BEACH FL 33060**

Mailing Address
**P O BOX 6013
POMPANNO BEACH FL 33060**



2. Principal Place of Business
623 E ATLANTIC Blvd.

3. Mailing Address
Same

Suite, Apt. #, etc.
6233

Suite, Apt. #, etc.

City & State
Pompanno Bg.

City & State

Zip
33060

Country

Zip

Country

1st MOORE CR2E034 (10/04)

4. FEI Number **65-0803993** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**GAULIN, PIERRE
623 E ATLANTIC BLVD #6013
POMPANNO BEACH FL 33060**

7. Name and Address of New Registered Agent
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 _____ DATE _____
[Signature]

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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 GAULIN, PIERRE 623 E ATLANTIC BLVD #6013 POMPANNO BEACH FL 33060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Pres</i> LYNN GAULIN 623 E ATLANTIC Blvd #6233 Pompanno Bch FL 33060 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *April 14/05* Daytime Phone # _____
[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR