


**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90240 042 \*\*\*158.75

**DOCUMENT # P98000002955**

1. Entity Name  
**ESSIAC INTERNATIONAL, INC.**



Principal Place of Business  
**625 E ATLANTIC BLVD # 6233 POMPANO BEACH FL 33060**

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



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
**2637 E Atlantic Blvd 119**

1st MOORE CR2E034 (10/07)

City & State  
**POMPANO BEACH FL**

4. FEI Number  
**65-0803993**

Applied For  
 Not Applicable

Zip  
**33062**

Country  
**USA**

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  
 POMPANO BEACH FL 33060**

**7. Name and Address of New Registered Agent**

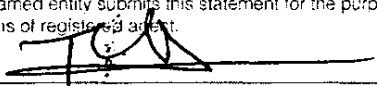
Name  
**Gaulin Pierre**

Street Address (P.O. Box Numbers Not Acceptable)  
**2637 E Atlantic Blvd #119**

**POMPANO BEACH FL 33062**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GAULIN, PIERRE</b> <b>623 E ATLANTIC BLVD #6013</b> <b>POMPANO BEACH FL 33060</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Pc</b> <b>GAULIN, LYNN</b> <b>622 EAST ATLANTIC BLVD, # 6233</b> <b>POMPANO BEACH FL 33060</b>	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Gaulin Pierre</b> <b>2637 E Atlantic Blvd #119</b> <b>POMPANO BEACH FL 33062</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Gaulin LYNN</b> <b>Box 321</b> <b>LOXAHATCHEE FL 33470</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Business Phone # \_\_\_\_\_