2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000002955

Entity Name: ESSIAC INTERNATIONAL, INC.

FILED Apr 13, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

625 E ATLANTIC BLVD

#6233 #119

POMPANO BEACH, FL 33060 POMPANO BEACH, FL 33062

Current Mailing Address: New Mailing Address:

2637 E ATLANTIC BLVD SUITE #119

POMPANO BEACH, FL 33062 US

FEI Number: 65-0803993 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GAULIN, PIERRE GAULIN LAZORE, PIERRE 2637 E ATLANTIC BLVD 2637 E ATLANTIC BLVD SUITE #119 SUITE #119

POMPANO BEACH, FL 33062 US POMPANO BEACH, FL 33062 US

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.

SIGNATURE: PIERRE GAULIN LAZORE 04/13/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 GAULIN, PIERRE
 Name:
 GAULIN LAZORE, PIERRE

 Address:
 2637 E ATLANTIC BLVD, SUITE #119
 Address:
 2637 E ATLANTIC BLVD, SUITE #119

Address: 2637 E ATLANTIC BLVD, SUITE #119 Address: 2637 E ATLANTIC BLVD, SUITE #119
City-St-Zip: POMPANO BEACH, FL 33062 City-St-Zip: POMPANO BEACH, FL 33062

Title: P () Delete Title: () Change () Addition

 Name:
 GAULIN, LYNN
 Name:

 Address:
 PO BOX 321
 Address:

 City-St-Zip:
 LOXAHATCHEE, FL 33470
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PIERRE GAULIN LAZORE D 04/13/2009