


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 22, 2007 08:00 A
Secretary of State

DOCUMENT # P99000000985	
1. Entity Name ESP EVENTS, INC.	

Principal Place of Business 16541 NE 6TH AVE N. MIAMI BEACH, FL 33162	Mailing Address 16541 NE 6TH AVE N. MIAMI BEACH, FL 33162
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DO NOT WRITE IN THIS SPACE



05182007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0884876	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GLUECK, STEVEN J
16451 NE 6TH AVE
N. MIAMI BEACH, FL 33162

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) _____ **DATE** _____

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VELIE, JOSEPH J III 1370 ROUTE 103 #15 NEWBURY, NH 03255
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VELIE, DIANA LEE 1370 ROUTE 103 #15 NEWBURY, NH 03255
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CRIMMINS, PHYLLIS A 63 SYLVAN KNOLL ROAD STAMFORD, CT 06902
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/31/07-80030-002 150.00

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IN THIS SPACE**

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:  **5/18/07** **305/948 8880**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #