

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90295 007 ***150.00

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| | | | |
|--|---------------------------------|--|---|
| DOCUMENT # P99000016324 1. Entity Name ESMOKES, INC. | | | |
| Principal Place of Business PO BOX 9208 RESTON, VA 20195 US | | Mailing Address PO BOX 9208 RESTON, VA 20195 US | |
| 2. Principal Place of Business 11201 Danka Circle N. | | 3. Mailing Address 11201 Danka Circle N. | |
| Suite, Apt. #, etc. #120 | | Suite, Apt. #, etc. #120 | |
| City & State St. Petersburg FL | | City & State St. Petersburg, FL | |
| Zip 33716 | | Zip 33716 | |
| Country USA | | Country USA | |
| 4. FEI Number 59-3587018 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SMITHSON, LISA 1004 ULMERTON ROAD SUITE 760 CLEARWATER, FL 33762 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11201 Danka Circle N. #120 City St. Petersburg FL Zip Code 33716 | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, of the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE P. WELKER NAME WALKER, SCOTT STREET ADDRESS PO BOX 9208 CITY-ST-ZIP RESTON, VA 20195 | <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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| 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: | | SCOTT WELKER 4/3/2006 202 361 5065 <small>Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #</small> | |