

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90125 045 \*\*\*150.00

<b>DOCUMENT # P99000034999</b> 1. Entity Name <b>ESAI, INC.</b>					
Principal Place of Business <b>1577 S.W. 1ST WAY #3 DEERFIELD BEACH, FL 33441</b>				Mailing Address <b>1577 S.W. 1ST WAY #3 DEERFIELD BEACH, FL 33441</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. <b>24 SE 10th ST.</b>		Suite, Apt. #, etc. <b>24 SE 10th ST</b>			
City & State <b>Deerfield Beach, FL.</b>		City & State <b>DEERFIELD BEACH FL.</b>			
Zip <b>33441</b>		Country <b>Broward</b>		4. FEI Number <b>65-0914048</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>IRWIN, ELIZABETH 1577 SW 1ST WAY #3 DEERFIELD BEACH, FL 33441</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 <u>Elizabeth Irwin</u> owner <u>Elizabeth</u> <u>4-29-08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>IRWIN, ELIZABETH</b> <b>1577 SW 1ST WAY #3</b> <b>DEERFIELD BEACH, FL 33441</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>OWNER</b> <b>IRWIN, ELIZABETH</b> <b>24 S.E. 10th ST</b> <b>DEERFIELD BEACH, FL 33441</b>	
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: <u>X Elizabeth Irwin</u> <u>4-29-08 (954) 675</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					