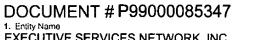
2008 FOR PROFIT CORPORATION ANNUAL REPORT





FILED Apr 24, 2008 8:00 am Secretary of State 04-24-2008 90123 013 ***150.00

EXECUII	VE SERVICES NETWORK	, INC.			
Principal Place of Business 2990 NUTMEG CT TALLAHASSEE, FL 32308		Mailing Address PO BOX 3024 TALLAHASSEE, FL 32315-3024		. · · · · · · · · · · · · · · · · · · ·	1
2. Principal Place of Business - No P.O. 8ox #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04112008 Chg-P CR2E034 (12/06)	
City & State		City & State		4. FEI Number Applied Fo 59-3602285 Not Applied	
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	'	7. Name and Address of New Registered Agent	
COLLINS, SUE C			Name		İ
2990 NUTMEG CT TALLAHASSEE, FL 32308		Street Address		s (P.O. Box Number is Not Acceptable)	
	,				
			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. am familiar with, and accept the obligations of registered agent.					
SIGNATURE Signature, typed or printed name of registured agent and title if epolicable. (NOTE: Registered Agent signature required when					
	Signature, typed or printed name of registored agent	and the ir applicable. (NOTE:)	∡eðistered vÆevt si€ustnia rednir	ired when relinitating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.				5.00 May Be dded to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Add	noitit
NAME STREET ADDRESS	COLLINS, SUE C 2990 NUTMEG CT		NAME STREET ADDRESS	•	
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP		}
TITLE	Т	□ Delete	TITLE	☐ Change ☐ Adu	dition
NAME	JENKINS, BERTHA A		NAME		
STREET ADDRESS	2702 TRELLIS OAKS DR		STREET ADDRESS		
CITY-ST-ZIP	MARIETTA, GA 30060		CITY-ST-ZIP		
TITLE	S DEDTINA	☐ Delete	MILE	Change Add	lition
NAME STREET ADDRESS	JENKINS, BERTHA A 2702 TRELLIS OAKS DR		NAME STREET ADORESS		
CITY-ST-ZIP	MARIETTA, GA 30060	_	CITY-ST-ZIP		ĺ
TITLE	VP	Delete	TITLE	☐ Change ☐ Ado	dition
NAME	TILLMAN, LANA J		NAME		ĺ
STREET ADDRESS	P O BOX 16454		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33318		CITY-ST-ZIP		
THE		☐ Delete	TITLE	☐ Change ☐ Ado	tition
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		-
TITLE		☐ Delete	TITLE	☐ Change ☐ Ado	dition
NAME			NAME	<u>-</u>	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP	newification the inferrential access to a 199	a shi a filing along and a second at	CITY-\$1-ZIP	and in Observation Sharing December 12, 18, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19	
12. I hereby o	centry that the information supplied with	n this filling does not qualify for	the exemptions contains	ed in Chapter 119, Florida Statutes. I further certify that the information	on

Indexety certify that the information supplied with this filling does not quality 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.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayline Phone #