


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 8:00 am
Secretary of State

04-10-2007 90018 029 ***150.00

DOCUMENT # P99000109133		
1. Entity Name ESP VENTURES, INC.		

Principal Place of Business 2341 GULF SHORE BOULEVARD NORTH NAPLES, FL 34103	Mailing Address 801 LAUREL OAK DRIVE SUITE 640 SUN TRUST BUILDING NAPLES, FL 34108
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40055622



2. Principal Place of Business - No P.O. Box #		3. Mailing Address 5811 Pelican Bay Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 600	
City & State		City & State Naples, Florida	
Zip	Country	Zip	Country
34108		34108	

02262007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3614050	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KRAUSE, ANDREW 801 LAUREL OAK DRIVE SUITE 640 SUN TRUST BUILDING NAPLES, FL 34108		7. Name and Address of New Registered Agent Name Fowler White Boggs Banker P.A. Street Address (P.O. Box Number is Not Acceptable) 5811 Pelican Bay Blvd. Suite 600 City Naples, Florida FL Zip Code 34108	
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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, FOWLER WHITE BOGGS BANKER P.A.

SIGNATURE Robert J. Stommel - Robert J. Stommel 3/28/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD PELTIER, PETER J 1236 BORDERS DRIVE PALATINE, IL 60067 <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	VSD PELTIER, SUSAN M BOX 2792 EDGARTOWN, MA 02539 <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	D PELTIER, MICHAEL R 2341 GULF SHORE BLVD, NORTH NAPLES, FL 34103 <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
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
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

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 life empowered.

SIGNATURE: Peter J. Peltier 3/3/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Peter J. Peltier, President