
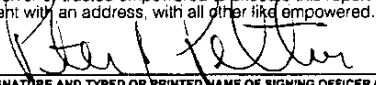


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90104 009 \*\*\*150.00

<b>DOCUMENT # P99000109133</b> 1. Entity Name <b>ESP VENTURES, INC.</b>					
Principal Place of Business <b>2341 GULF SHORE BOULEVARD NORTH NAPLES, FL 34103</b>			Mailing Address <b>5811 PELICAN BAY BLVD SUITE 600 NAPLES, FL 34108</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>Porter Wright Morris Arthur</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>5801 Pelican Bay Blvd #300</b>			
City & State		City & State <b>Naples, FL</b>			
Zip	Country	Zip <b>34108</b>	Country	4. FEI Number <b>59-3614050</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>FOWLER WHITE BOGGS BANKER P.A. 5811 FELICAN BAY BLVD SUITE 600 NAPLES, FL 34108</b>			7. Name and Address of New Registered Agent Name <b>Porter Wright Morris &amp; Arthur LLP</b> Street Address (P.O. Box Number is Not Acceptable) <b>5801 Pelican Bay Blvd., Suite 300</b>  City <b>Naples</b>		
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.			FL Zip Code <b>34108</b>		
SIGNATURE: 			Robert Stommel 3/24/08		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 NAME STREET ADDRESS CITY - ST - ZIP	PTD <b>PELTIER, PETER J</b> <b>1236 BORDERS DRIVE</b> <b>PALATINE, IL 60067</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD <b>PELTIER, SUSAN M</b> <b>BOX 2792</b> <b>EDGARTOWN, MA 02539</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>PELTIER, MICHAEL R</b> <b>2341 GULF SHORE BLVD, NORTH</b> <b>NAPLES, FL 34103</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Peter J. Peltier</b> 3/27/08					