

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S05002

FILED
Apr 15, 2009
Secretary of State

Entity Name: ESPRIT PROPERTIES, INC.

Current Principal Place of Business:

502 PARSLEY COURT
KISSIMMEE, FL 34759 US

New Principal Place of Business:

449 BAY LEAF DRIVE
KISSIMMEE, FL 34759 US

Current Mailing Address:

502 PARSLEY COURT
KISSIMMEE, FL 34759 US

New Mailing Address:

449 BAY LEAF DRIVE
KISSIMMEE, FL 34759 US

FEI Number: 65-0224126

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLAN, AMNON
502 PARSLEY COURT
KISSIMMEE, FL 34759 US

Name and Address of New Registered Agent:

GOLAN, AMNON
449 BAY LEAF DRIVE
KISSIMMEE, FL 34759 US

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.

SIGNATURE:

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VS () Delete
Name: GOLAN, AMNON
Address: 502 PARSLEY COURT
City-St-Zip: KISSIMMEE, FL 34759

Title: VT () Delete
Name: GOLAN, DINA
Address: 502 PARSLEY COURT
City-St-Zip: KISSIMMEE, FL 34759

Title: P () Delete
Name: SCHACHTEL, SARI
Address: 502 PARSLEY COURT
City-St-Zip: KISSIMMEE, FL 34759

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VS (X) Change () Addition
Name: GOLAN, AMNON
Address: 449 BAY LEAF DRIVE
City-St-Zip: KISSIMMEE, FL 34759

Title: VT (X) Change () Addition
Name: GOLAN, DINA
Address: 449 BAY LEAF DRIVE
City-St-Zip: KISSIMMEE, FL 34759

Title: P (X) Change () Addition
Name: SCHACHTEL, SARI
Address: 449 BAY LEAF DRIVE
City-St-Zip: KISSIMMEE, FL 34759

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMNON GOLAN

V

04/15/2009

Electronic Signature of Signing Officer or Director

Date