2005 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 03, 2005 08:00 AM Secretary of State DOCUMENT # P03000041677 1. Entity Name EB-CODE, INC. Principal Place of Business Mailing Address 1200 N. HARBOR DRIVE 1200 N. HARBOR DRIVE SINGER ISLAND, FL 33404 SINGER ISLAND, FL 33404 01252005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 73-1664548 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent IM, CHANG B DO NOT WRITE 1200 N. HARBOR DRIVE SINGER ISLAND, FL 33404 IN THIS SPACE 6. 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 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, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE n IM, CHANG B NAME STREET ADDRESS 1200 N. HARBOR DRIVE U00000213511 02/03/05-80071-018 150.00 CITY-ST-ZIP SINGER ISLAND, FL 33404 NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE MANAG STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

01/25/05

Date

561-329-0280

FILED