


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000091265
 1. Entity Name
 ELECTRON BEAM SOLUTIONS, INC.



Principal Place of Business
 720 FENTRESS BLVD., STE. 201
 DAYTONA BEACH, FL 32114

Mailing Address
 720 FENTRESS BLVD., STE. 201
 DAYTONA BEACH, FL 32114



DO NOT WRITE IN THIS SPACE

04062005 No Chg-P CR2E034 (10/03)

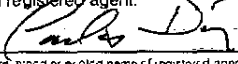
4. FCI Number 59-3474759	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIAZ, CARLOS A
 111 S. ATLANTIC AVE. #1105
 ORMOND BEACH, FL 32176

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE:  CARLOS DIAZ, PRES. 4-6-05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when re-registering) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

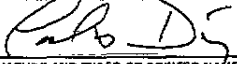
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DIAZ, CARLOS A 111 S ATLANTIC AVENUE #1105 ORMOND BEACH, FL 32176
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 04/09/05-80067-026 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  CARLOS DIAZ 4-6-05 386-274-5700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #