


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2007 8:00 am
Secretary of State

08-09-2007 90054 040 ***558.75

DOCUMENT # P97000091265

1. Entity Name
ELECTRON BEAM SOLUTIONS, INC.



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

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
301 DIVISION AVE. **301 DIVISION AVE.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
#10 **#10**

City & State City & State
ORMOND BEACH, FL **ORMOND BEACH, FL**
 Zip Country Zip Country
32174 **FLORIDA** **32174** **FLORIDA**



08012007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
59-3474759 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

8. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DIAZ, CARLOS A 111 S. ATLANTIC AVE. #1105 ORMOND BEACH, FL 32176	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State Zip Code FL _____

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE VP + TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DIAZ, CARLOS A		NAME DEBORA J. DIAZ	
STREET ADDRESS 111 S ATLANTIC AVENUE #1105		STREET ADDRESS 111 S. ATLANTIC AVE. #1105	
CITY-ST-ZIP ORMOND BEACH, FL 32176		CITY-ST-ZIP ORMOND BEACH, FL 32176	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Carlos Diaz **CARLOS DIAZ PRESIDENT** 8-3-07 386-671-3090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #