

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2008 08:00 A
Secretary of State

DOCUMENT # P97000091265

1. Entity Name
ELECTRON BEAM SOLUTIONS, INC.



Principal Place of Business
**301 DIVISION AVE
#10
ORMOND BEACH, FL 32174**

Mailing Address
**301 DIVISION AVE
#10
ORMOND BEACH, FL 32174**



01162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3474759

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

000000792595
01/24/08-80012-023 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DIAZ, CARLOS A
STREET ADDRESS	111 S ATLANTIC AVENUE #1105
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	VPT
NAME	DIAZ, DEBORA J
STREET ADDRESS	111 S. ATLANTIC AVE #1105
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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** 1-16-08

Date

386-671-3090

Daytime Phone #