2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jan 09, 2008 08:00 AN DOCUMENT # S67392 **Secretary of State** 1. Entity Name **EBB BUILDING CORPORATION** Principal Place of Business Mailing Address POST OFFICE BOX 10301 POST OFFICE BOX 10301 NAPLES, FL 34101 NAPLES, FL 34101 01062008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0448477 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE BLACKBURN, EDWARD BERNARD, JR. 7701 JEWEL LANE #104 NAPLES, FL 33942 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 Suggesture, typed or profest name of registered agent and trig if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. U00000776926 01/09/08-80045-003 158.75 TITLE NAME BLACKBURN, EDWARD B., JR STREET ADDRESS 7701 JEWEL LANE #104 CITY-ST-ZIP NAPLES, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE

12. I hereby certify that the information supplied with this filting 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.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS