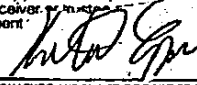


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 22, 2005 8:00 am**  
**Secretary of State**

07-22-2005 90017 038 \*\*\*150.00

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| <b>DOCUMENT # F04000001201</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                           |                                                                                                                                       |                                                                                                                                                                        |
| 1. Entity Name<br><b>EB SPECIALTY SERVICES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                           |                                                                                                                                                                                                                        |                                                                                                                                                                        |
| Principal Place of Business<br><b>2325-B RENAISSANCE DRIVE, SUITE 10<br/>LAS VEGAS, NV 89119</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                           | Mailing Address<br><b>2325-B RENAISSANCE DRIVE, SUITE 10<br/>LAS VEGAS, NV 89119</b>                                                                                                                                   |                                                                                                                                                                        |
| 2. Principal Place of Business<br><b>2215-B RENAISSANCE Drive</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                           | 3. Mailing Address<br><b>2215-B RENAISSANCE Drive</b>                                                                                                                                                                  |                                                                                                                                                                        |
| Suite, Apt. #, etc.<br><b>Suite 5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                           | Suite, Apt. #, etc.<br><b>Suite 5</b>                                                                                                                                                                                  |                                                                                                                                                                        |
| City & State<br><b>LAS Vegas, NV</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                           | City & State<br><b>LAS Vegas, NV</b>                                                                                                                                                                                   |                                                                                                                                                                        |
| Zip<br><b>89119</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Country<br><b>USA</b>                                                                                                     | Zip<br><b>89119</b>                                                                                                                                                                                                    | Country<br><b>USA</b>                                                                                                                                                  |
| 4. FEI Number<br><b>20-0295571</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                           | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                 |                                                                                                                                                                        |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                           | <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                  |                                                                                                                                                                        |
| 6. Name and Address of Current Registered Agent<br><b>C T CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                           | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code                                                                                |                                                                                                                                                                        |
| 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 _____<br><small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when name change)</small> DATE _____                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                           |                                                                                                                                                                                                                        |                                                                                                                                                                        |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 7, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                           | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b><br>In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice. |                                                                                                                                                                        |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                           | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                  |                                                                                                                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | PTD<br>SMITH, JAMES<br>931 S. MATLACK STREET<br>WEST CHESTER, PA 19382 <input type="checkbox"/> Delete                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | VSD<br>KAUFMAN, DANIEL<br>931 S. MATLACK STREET<br>WEST CHESTER, PA 19382 <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ASD<br>JASINSKI, PAMALA A<br>103 FOULK ROAD, SUITE 202<br>WILMINGTON, DE 19803 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>ASST SEC<br/>KRISTINE EPPES<br/>2215B RENAISSANCE DR #5<br/>LAS VEGAS, NV 89119</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ASD<br>JOHNSON, KARI L<br>103 FOULK ROAD, SUITE 202<br>WILMINGTON, DE 19803 <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | AT<br>PANACCIONE, ANDREW<br>103 FOULK ROAD, SUITE 202<br>WILMINGTON, DE 19803 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                      |
| 12. I hereby certify that the information supplied with this filing 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 of the corporation; that 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. |                                                                                                                           |                                                                                                                                                                                                                        |                                                                                                                                                                        |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                           | Date: <b>7/05</b> City/Phone: <b>702 967 5861</b>                                                                                                                                                                      |                                                                                                                                                                        |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                           | Date                                                                                                                                                                                                                   |                                                                                                                                                                        |