

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002751

Entity Name: EBOARD SOLUTIONS, INC.

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

5120 SUGARLOAF PARKWAY
LAWRENCEVILLE, GA 30043

New Principal Place of Business:

Current Mailing Address:

5120 SUGARLOAF PARKWAY
LAWRENCEVILLE, GA 30043

New Mailing Address:

FEI Number: 51-0619059

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
17888 67TH CT. NORTH
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: HENRY, JEANNIE M.
Address: 1923 SHENLEY PARK LANE
City-St-Zip: DULUTH, GA 30096

Title: ST () Delete
Name: WILLIS, MARK A.
Address: 5710 BERRYTON COURT
City-St-Zip: NORCROSS, GA 30092

Title: D () Delete
Name: BRYANT, WILLIAM
Address: P.O. BOX 450648
City-St-Zip: ATLANTA, GA 31145

Title: D () Delete
Name: CONEY, CHARLES
Address: 509 W. PALM ST.
City-St-Zip: FITZGERALD, GA 31750

Title: D () Delete
Name: MITCHELL, BAILEY
Address: 1120 DAHLONEGA HWY
City-St-Zip: CUMMING, GA 30040

Title: D () Delete
Name: KELLEY, JAMES DR.
Address: 904 IROQUOIS TRAIL
City-St-Zip: GOODLETTSVILLE, TN 37072

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK A. WILLIS

ST

04/15/2009

Electronic Signature of Signing Officer or Director

Date