2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 17, 2008 08:00 A Secretary of State **DOCUMENT # K76114** 1. Entity Name EBAR, INC. Principal Place of Business Mailing Address % BARBARA HEYDUIK 22725 FAIRVIEW CENTER DR 315 SHERWOOD FOREST STE 100 DELRAY BEACH, FL 33445 FAIRVIEW PARK, OH 44126 No Chg-P 03122008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0109951 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HEYDUK, BARBARA P DO NOT WRITE 315 SHERWOOD FOREST DELRAY BEACH, FL 33445 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, typed or printed name of registered agent and little if applicable. (NOTE, Registered Agent signature required when reinstating) <u>U</u>QOQQQ0860615 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 04/02/08-80070-011 150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME HEYDUK, BARBARA P STREET ADDRESS 315 SHERWOOD FOREST DELRAY BEACH, FL 33445 CITY-ST-7IP TITLE HEYDUK, MARK 3016 DOVER CENTRAL RD. STREET ADORESS CITY-ST-ZIP WESTLAKE, OH TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 entrustee 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 attachmen

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SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED