2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2008 8:00 am Secretary of State

DOCUMENT # P03000082863 1. Entity Name EBS ENTERPRISES, INC.						04-09-2008 90035 002 ***150.00		
Principal Place of Business 2326 ANGEL ROAD SE PALM BAY, FL 32909		Mailing Address 2326 ANGEL ROAD SE PALM BAY, FL 32909		er er			11 88381 18110 11891 18110 811	11 Mil su i A i su i
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01212008	Chg-P	CR2E034 (12/0	16)
City & State		City & State		4. FEI Numbe 20-0119			Applied For Not Applicable	
Zip 	Country	Zip	Countr		5. Certificate	of Status Desired	□ \$8.75 Fee Reg	Additional ulred
	6. Name and Address of Current	Registered Agent		· · · · · · · · · · · · · · · · · · ·	7. Name and	Address of New R	egistered Agent	
			Name					
SHANNON, ERIC 2326 ANGEL ROAD SE PALM BAY, FL 32909				Street Address (P.O. Box Number is Not Acceptable)				
·				City	FL 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 Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
10.	: OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFI	ICERS AND DIRECT	ORS IN 11
TITLE	DP	☐ Delete	TITLE				Chan	ge 🔲 Addition
NAME STREET ADDRESS			NAM	E Et address				
CITY-ST-ZIP	PALM BAY, FL 32909			-ST-ZIP				
TITLE	DST	☐ Delete	TITLI				☐ Chan	ge Addition
NAME	SHANNON, BARBARA		NAM					ye
STREET ADDRESS	2326 ANGEL ROAD			ET ADDRESS				
CITY-ST-ZIP	PALM BAY, FL 32909		CITY	-ST-ZIP				
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CITY-ST-ZIP	PALM BAY, FL 32909	•	4	-ST-ZIP				
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NAME STREET ADDRESS			NAM STRE	E ET ADORESS				ſ
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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								

12. I hereby certify that the information supplied with this liling 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 anofficer 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.

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-08 3

321 409 844