

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90021 037 ***158.75

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04062007 Chg-P CR2E034 (12/06)

DOCUMENT # P04000068385 1. Entity Name EBOOKGREEN INC.					
Principal Place of Business 3704 GEORGIA AVENUE WEST PALM BEACH, FL 33405 US			Mailing Address 3704 GEORGIA AVENUE WEST PALM BEACH, FL 33405 US		
2. Principal Place of Business - No P.O. Box # 2172 N. MILITARY TRAIL <small>Suite, Apt. #, etc.</small>		3. Mailing Address 2172 N. MILITARY TRAIL <small>Suite, Apt. #, etc.</small>			
City & State WEST PALM BEACH, FL		City & State WEST PALM BEACH, FL		4. FEI Number 20-1055957	
Zip 33409		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, JENNIFER D 4849 SABLE PINE CIRCLE A1 WEST PALM BEACH, FL 33417		7. Name and Address of New Registered Agent Name 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 4-6-07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO SMITH, JEREMY B <input type="checkbox"/> Delete 4849 SABLE PINE CIRCLE A1 WEST PALM BEACH, FL 33417		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 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.					
SIGNATURE: CFO <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-6-07 (561)3523717 <small>Date Daytime Phone #</small>		