

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90397 038 ***150.00

DOCUMENT # S14835

1. Entity Name
EBM FINANCIAL SERVICES CORP.



Principal Place of Business 6685 FOREST HILL BLVD #210 WEST PALM BEACH, FL 33413 US	Mailing Address 6685 FOREST HILL BLVD. SUITE 210 WEST PALM BEACH, FL 33413 US
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40001001



2. Principal Place of Business <i>1661 S. CONGRESS AVE</i>	3. Mailing Address <i>1661 S. CONGRESS AVE.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04192006 Chg-P CR2E034 (11/05)

City & State <i>WEST PALM BEACH FL</i>	City & State <i>WEST PALM BEACH FL</i>
Zip <i>33406</i>	Country <i>US</i>
Zip <i>33406</i>	Country <i>US</i>

4. FEI Number 65-0237856	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CRAWFORD, BERNARD
1661 SOUTH CONGRESS AVE.
WEST PALM BEACH, FL 33406

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE P NAME CRAWFORD, BERNARD C STREET ADDRESS 561 KINGSBURY CT CITY-ST-ZIP WELLINGTON, FL 33414	<input type="checkbox"/> Delete
TITLE VP NAME CRAWFORD, BARBARA STREET ADDRESS 561 KINGSBURY COURT CITY-ST-ZIP WELLINGTON, FL 33414	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: *Bernard C. Crawford* **BERNARD C. CRAWFORD** *4/19/06* **361 968 2000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #