

FILED
Aug 22, 2005 8:00 am
Secretary of State

07-22-2005 90017 038 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F04000001201			
1. Entity Name EB SPECIALTY SERVICES, INC.			
Principal Place of Business 2325-B RENAISSANCE DRIVE, SUITE 10 LAS VEGAS, NV 89119		Mailing Address 2325-B RENAISSANCE DRIVE, SUITE 10 LAS VEGAS, NV 89119	
2. Principal Place of Business 2215-B RENAISSANCE Drive Suite, Apt. #, etc. Suite 5		3. Mailing Address 2215-B RENAISSANCE Drive Suite, Apt. #, etc. Suite 5	
City & State LAS VEGAS, NV		City & State LAS VEGAS, NV	
Zip 89119	Country USA	Zip 89119	Country USA
4. FEI Number 20-0295571		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		S\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when nonresidential)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SMITH, JAMES 931 S. MATLACK STREET WEST CHESTER, PA 19382 <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	VSD KAUFMAN, DANIEL 931 S. MATLACK STREET WEST CHESTER, PA 19382 <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	ASD JASINSKI, PAMAELO A 103 FOULK ROAD, SUITE 202 WILMINGTON, DE 19803 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST SEC KRISTINE EPPES 2215B RENAISSANCE DR #5 LAS VEGAS, NV 89119 <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD JOHNSON, KARI L 103 FOULK ROAD, SUITE 202 WILMINGTON, DE 19803 <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	AT PANACCIONE, ANDREW 103 FOULK ROAD, SUITE 202 WILMINGTON, DE 19803 <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 exemption stated in Section 119.07(3)(f), 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 of the corporation; and that 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.			
SIGNATURE: 		ASST. SECRETARY 7/05 7029675861	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date City/State Phone #	

66026114



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