

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000002751

**Entity Name:** EBOARD SOLUTIONS, INC.

**Current Principal Place of Business:**

5120 SUGARLOAF PARKWAY  
LAWRENCEVILLE, GA 30043

**Current Mailing Address:**

5120 SUGARLOAF PARKWAY  
LAWRENCEVILLE, GA 30043

**FEI Number:** 51-0619059

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

INCORP SERVICES, INC.  
17888 67TH CT. NORTH  
LOXAHATCHEE, FL 33470 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HENRY, JEANNIE M.  
Address        1923 SHENLEY PARK LANE  
City-State-Zip: DULUTH GA 30096

Title            ST  
Name            WILLIS, MARK A.  
Address        5710 BERRYTON COURT  
City-State-Zip: NORCROSS GA 30092

Title            DIRECTOR  
Name            DAWKINS, GILLIS  
Address        2011 NORTHSIDE ROAD  
City-State-Zip: PERRY GA 31069

Title            DIRECTOR  
Name            TURPIN, AARON  
Address        711 GREEN ST, NW  
City-State-Zip: GAINESVILLE 30501

Title            DIRECTOR  
Name            KELLEY, JAMES DR.  
Address        904 IROQUOIS TRAIL  
City-State-Zip: GOODLETTSVILLE TN 37072

Title            DIRECTOR  
Name            CREEL, WANDA  
Address        179 W ATHENS ST  
City-State-Zip: WINDER GA 30680

Title            DIRECTOR  
Name            ALLEN, MILLARD  
Address        5120 SUGARLOAF PARKWAY  
City-State-Zip: LAWRENCEVILLE GA 30043

Title            DIRECTOR  
Name            MCCARGO, BILL  
Address        5120 SUGARLOAF PARKWAY  
City-State-Zip: LAWRENCEVILLE GA 30043

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** WILLIS , MARK A.

**CHIEF OPERATING  
OFFICER**

**03/31/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date