

**2015 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 US

**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        5120 SUGARLOAF PARKWAY  
City-State-Zip: LAWRENCEVILLE GA 30043

Title            SECRETARY  
Name            WILLIS, MARK A  
Address        5120 SUGARLOAF PARKWAY  
City-State-Zip: LAWRENCEVILLE GA 30043

Title            DIRECTOR  
Name            ALLEN, MILLARD  
Address        1410 S WINDWARD DR  
City-State-Zip: ST SIMONS ISLAND GA 31522

Title            DIRECTOR  
Name            CREEL, WANDA  
Address        508 OAK ST  
City-State-Zip: GAINESVILLE GA 30501

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

Title            DIRECTOR  
Name            KELLEY, JAMES  
Address        216 NEPTUNE DR  
City-State-Zip: HENDERSONVILLE TN 37075

Title            DIRECTOR  
Name            MCCARGO, WILLIAM  
Address        2225 SUGARLOAF CLUB DR  
City-State-Zip: DULUTH GA 30096

Title            DIRECTOR  
Name            MITCHELL, BAILEY  
Address        2257 PILGRIM MILL WAY  
City-State-Zip: CUMMING GA 30041

**Continues on page 2**

*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:** MARK A WILLIS

**SECRETARY**

**04/07/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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