

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 14, 2008  
Secretary of State**

DOCUMENT# N05000004680

Entity Name: EBAN, INC.

**Current Principal Place of Business:**

16613 MILLAN DE AVILA  
TAMPA, FL 336131047

**New Principal Place of Business:**

**Current Mailing Address:**

16613 MILLAN DE AVILA  
TAMPA, FL 336131047

**New Mailing Address:**

FEI Number: 20-2798990      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PETITJEAN, CYNTHIA M  
110 W. REYNOLDS ST., STE. 101  
PLANT CITY, FL 33563 US

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

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SHERIDAN, MARYBETH E  
Address: 16613 MILLAN DE AVILA  
City-St-Zip: TAMPA, FL 336131047  
  
Title: D ( ) Delete  
Name: CORRADIN, SILVIA M  
Address: 45424 ROBINSON DRIVE  
City-St-Zip: LANCASTER, CA 93535  
  
Title: D (X) Delete  
Name: GIONFRIDDO, BRENDA  
Address: 165 HAMPDEN RD  
City-St-Zip: STAFFORD SPRINGS, CT 06076  
  
Title: D (X) Delete  
Name: HOLTZ, RITA M  
Address: 22665 GREENLEAF BLVD  
City-St-Zip: ELKHART, IN 46514

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:  
  
Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:  
  
Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARYBETH SHERIDAN

D

01/14/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date