



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 000111938		2. Name of Corporation ePartners Incorporated			
3. Street Address Principal Business Office 6565 North MacArthur Blvd, Suite # 950			City Irving	State TX	Zip 75039
4. Business Phone No. 469-587-5660		5. State of Incorporation Texas			
6. Brief Description of the Character of Business Conducted in Rhode Island Computer Consulting					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael McCarthy			Vice President Name Fred Shepard		
Street Address 6565 North MacArthur Blvd, Suite # 950			Street Address 6565 North MacArthur Blvd, Suite # 950		
City Irving	State TX	Zip 75039	City Irving	State TX	Zip 75039
Secretary Name Michael McCarthy			Treasurer Name Michael McCarthy		
Street Address 6565 North MacArthur Blvd, Suite # 950			Street Address 6565 North MacArthur Blvd, Suite # 950		
City Irving	State TX	Zip 75039	City Irving	State TX	Zip 75039
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Michael McCarthy			Director Name		
Street Address 6565 North MacArthur Blvd, Suite # 950			Street Address		
City Irving	State TX	Zip 75039	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000,000	Common	.01	1,000,000	Common	.01
			THIS SECTION MUST BE COMPLETED		

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED  
File Date APR 14 2008  
Check No.  
By 255452 9:20  
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature Fred Shepard Date 4/7/08  
Fred Shepard  
Print or Type Name  
Vice President  
Title