

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005234

Entity Name: EQUITY DERIVATIVES, INC.

FILED
Jan 25, 2006
Secretary of State

Current Principal Place of Business:

3740 W. LAMBRIGHT ST.
TAMPA, FL 33614

Current Mailing Address:

P.O. BOX 342093
TAMPA, FL 33694

New Principal Place of Business:

6800 N. DALE MABRY HWY.
186
TAMPA, FL 33614

New Mailing Address:

6800 N. DALE MABRY HWY.
186
TAMPA, FL 33614

FEI Number: 71-0857735

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOLAND, FRANK
4007 MAJESTY PALM CT.
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

NOLAND, FRANK
5312 CLOUDS PEAK DR.
LUTZ, FL 33558 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: FRANK NOLAND

01/25/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P D () Delete
Name: OGLE, F.L.
Address: 3740 W. LAMBRIGHT ST.
City-St-Zip: TAMPA, FL 33614

Title: VP D () Delete
Name: NOLAND, FRANK
Address: 3740 W. LAMBRIGHT ST.
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P D (X) Change () Addition
Name: OGLE, F.L.
Address: 6800 N. DALE MABRY HWY. STE. 186
City-St-Zip: TAMPA, FL 33614

Title: VP D (X) Change () Addition
Name: NOLAND, FRANK
Address: 6800 N. DALE MABRY HWY. STE. 186
City-St-Zip: TAMPA, FL 33614

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK NOLAND

VP

01/25/2006

Electronic Signature of Signing Officer or Director

Date