

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000115454

**FILED  
Jan 05, 2006  
Secretary of State**

**Entity Name:** EQUITY FUND DEVELOPMENT, INC.

**Current Principal Place of Business:**

6278 N FEDERAL HWY - STE 406  
FT LAUDERDALE, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

6278 N FEDERAL HWY - STE 406  
FT LAUDERDALE, FL 33308

**New Mailing Address:**

**FEI Number:** 20-3330657      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SHEPARD, JONATHAN L  
5355 TOWN CENTER RD  
STE 801  
BOCA RATON, FL 33486 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BOKZAM, MICHAEL  
Address: 6278 N FEDERAL HWY - STE 406  
City-St-Zip: FT LAUDERDALE, FL 33308

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

Title: PD (X) Change ( ) Addition  
Name: BOKZAM, MICHAEL  
Address: 6278 N. FEDERAL HIGHWAY, SUITE 406  
City-St-Zip: FORT LAUDERDALE, FL 33308

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: MICHAEL BOKZAM

PD

01/05/2006

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

\_\_\_\_\_  
Date