

2006 EQB PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2006 08:00 AM
Secretary of State

| | | | | | |
|---|--|---|--|---|--|
| DOCUMENT # P94000065369 <small>1. Entity Name</small> 191 BRADLEY PLACE PARTNERS, INC. | | | |  | |
| <small>Principal Place of Business</small> 191 BRADLEY PLACE PALM BEACH FL 33480 | | <small>Mailing Address</small> 191 BRADLEY PLACE PALM BEACH FL 33480 | | | |
| <small>2. Principal Place of Business</small> Suite, Apt. #, etc. City & State Zip Country | | <small>3. Mailing Address</small> Suite, Apt. #, etc. City & State Zip Country | | | |
| <small>6. Name and Address of Current Registered Agent</small> YOUCHAK, THOMAS M 191 BRADLEY PLACE PALM BEACH FL 33480 | | | | <small>7. Name and Address of New Registered Agent</small> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| <small>8. 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. I am familiar with, and accept, the obligations of registered agent.</small> | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | | <small>9. Election Campaign Financing</small> \$5.00 May 1 Trust Fund Contribution <input type="checkbox"/> Added to Fees | |
| <small>10. OFFICERS AND DIRECTORS</small> | | | <small>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</small> | | |
| <small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small> | D YOUCHAK, THOMAS M 191 BRADLEY PLACE PALM BEACH FL 33480 | <input type="checkbox"/> Delete | <small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small> | U00000483244 04/11/06-80112-003 150.00 | |
| <small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small> | D YOUCHAK, MICHAEL T 191 BRADLEY PALM BEACH FL 33480 | <input type="checkbox"/> Delete | <small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small> | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| <small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small> | _____ _____ _____ _____ | <input type="checkbox"/> Delete | <small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small> | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| <small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small> | _____ _____ _____ _____ | <input type="checkbox"/> Delete | <small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small> | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| <small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small> | _____ _____ _____ _____ | <input type="checkbox"/> Delete | <small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small> | <input type="checkbox"/> Change <input type="checkbox"/> Add | |



1st MOORE CR2E034 (10/05)

4. FEI Number **65-0523492** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **2/18/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #