2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2007
Secretary of State

DOCUMENT# P04000024443

Entity Name: ACEQUIA NETWORKS, INC.

Current Principal Place of Business:

629 A EAST HILLSBORO BLVD
DEERFIELD BEACH, FL 33441

New Principal Place of Business:

Current Mailing Address:

629 A EAST HILLSBORO BLVD
DEERFIELD BEACH, FL 33441

New Mailing Address:

FEI Number: 73-1691591 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HENRY, ANDRE
629 A EAST HILLSBORO BLVD
DEERFIELD BEACH, FL 33441 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: PCEO ( ) Delete
Name: HENRY, ANDRE
Address: 629 A EAST HILLSBORO BLVD
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: VP ( ) Delete
Name: ZLATKIN, MICHAEL
Address: 629-A EAST HILLSBORO BLVD.
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: VP ( ) Delete
Name: HOFFMAN, CARY
Address: 629-A EAST HILLSBORO BLVD.
City-St-Zip: DEERFIELD BEACH, FL 33441

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 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: CARY HOFFMAN MD VP 01/04/2007

Electronic Signature of Signing Officer or Director — Date