


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2007 08:00 AM
Secretary of State

DOCUMENT # F03000006003
 1. Entity Name
 EQ FLORIDA, INC.



Principal Place of Business Mailing Address
 36255 MICHIGAN AVENUE 36255 MICHIGAN AVENUE
 WAYNE, MI 48184 WAYNE, MI 48184

DO NOT WRITE IN THIS SPACE



07162007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 20-0414157 Not Applicable

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

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

100000771387
 08/03/07-20005-001 550.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LUSK, DAVID M
STREET ADDRESS	36255 MICHIGAN AVENUE
CITY-ST-ZIP	WAYNE, MI 48184
TITLE	ST
NAME	WUNDERLICH, KENNETH
STREET ADDRESS	36255 MICHIGAN AVENUE
CITY-ST-ZIP	WAYNE, MI 48184
TITLE	CD
NAME	FERRANTINO, MICHAEL J JR.
STREET ADDRESS	36255 MICHIGAN AVENUE
CITY-ST-ZIP	WAYNE, MI 48184
TITLE	D
NAME	MILLER, MICHAEL J
STREET ADDRESS	36255 MICHIGAN AVENUE
CITY-ST-ZIP	WAYNE, MI 48184
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: [Signature] Date: 7/10/07 Daytime Phone #: 734-324-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR