

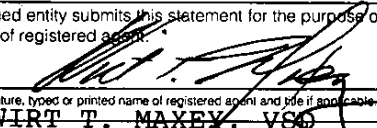
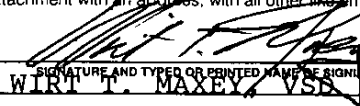


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90028 011 ***150.00

DOCUMENT # 227310 1. Entity Name CONTINENTAL EQUITIES, INC.					
Principal Place of Business 3001 PONCE DE LEON BLVD. SUITE 200 CORAL GABLES, FL 33134			Mailing Address 3001 PONCE DE LEON BLVD. SUITE 200 CORAL GABLES, FL 33134		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		60007166 	
City & State		City & State		01152007 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 59-0906947	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAXEY, TOM 3001 PONCE DE LEON BLVD SUITE 200 CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name WIRT T. MAXEY Street Address (P.O. Box Number is Not Acceptable) 3001 Ponce de Leon Blvd. Suite 200 City Coral Gables FL Zip Code 33134	
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  (NOTE: Registered Agent signature required when reinstating) 1/24/07 DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MAXEY, WIRT T 3001 PONCE DE LEON BLVD. #200 CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REBECCA A. MAXEY 3001 Ponce de leon Blvd., #200 Coral Gables, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MAXEY, TOM 3001 PONCE DE LEON BLVD #200 CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBB, W JR 1110 NE 91 STREET MIAMI BEACH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBB, DANIEL B 3600 VINELAND RD #101 ORLANDO, FL 32811		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
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:  1/24/07 (305) 446-7666 Date Daytime Phone #					