


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Jan 27, 2006 08:00 AM  
Secretary of State**

DOCUMENT # 565238 1. Entity Name EQUITRAC CORPORATION	
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Principal Place of Business 1000 SOUTH PINE ISLAND RD. SUITE 900 PLANTATION, FL 33324	Mailing Address 1000 SOUTH PINE ISLAND RD. SUITE 900 PLANTATION, FL 33324
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01172006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1797862	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331
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**DO NOT WRITE  
IN THIS SPACE**

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.

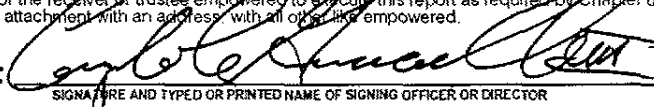
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when filing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UN00000405685 02/07/06-80050-013 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CFO GENCARELLI, ANGELO A III 1000 S. PINE ISLAND RD., SUITE 900 PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CEOD RICH, MICHAEL 1000 S. PINE ISLAND RD., SUITE 900 PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D WILSON, GEORGE P 1000 S. PINE ISLAND RD., SUITE 900 PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D LARSON, STEPHEN L 1000 S. PINE ISLAND RD., SUITE 900 PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D HADDAD, DAVID 1000 S. PINE ISLAND RD., SUITE 900 PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D COTE, MICHAEL 1000 S. PINE ISLAND RD., SUITE 900 PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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 officers like empowered.

SIGNATURE:  1/25/06 984-888-7800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #