


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 827738 1. Entity Name EQUIPMENT WHOLESALERS, INC.	
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Principal Place of Business 8130 NORTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32810-2657 US	Mailing Address 1090 RAINER DRIVE ALTAMONTE SPRINGS, FL 32714-3846 US
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01192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-0773362	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
VALLANCOURT, TODD 1090 RAINER DRIVE ALTAMONTE SPRINGS, FL 32714-3846	

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VALLANCOURT, A. WILLIAM 1090 RAINER DRIVE ALTAMONTE SPRINGS, FL 327143846	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VALLANCOURT, GARY A 3446 HOLLIDAY AVE. APOPKA, FL 32703	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VALLANCOURT, TODD A 114 ROMNEY MARSH RD. LONGWOOD, FL 32779	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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01/31/06-80007-022 158.75

**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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-06

Date Daytime Phone #