


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 08:00 AM
Secretary of State

DOCUMENT # F02000003433
 1. Entity Name
EQUIHOME MORTGAGE, CORP.



Principal Place of Business 150 MORRISTOWN ROAD STE.101 BERNARDVILLE, NJ 07924	Mailing Address 150 MORRISTOWN ROAD STE.101 BERNARDVILLE, NJ 07924
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DO NOT WRITE IN THIS SPACE



03262007 No Chg-P CR2E034 (11/05)

4. FEI Number 22-3023406	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 DR., STE. 4
 WESTON, FL 33331

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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 _____ (NOTE: Registered Agent signature required when reinstating) 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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP CAPRIO, RAY V 150 MORRISTOWN ROAD BERNARDSVILLE, NJ 07924
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 04/11/07-80036-008 150.00

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____