


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90193 024 ***150.00

DOCUMENT # F04000001324 1. Entity Name EQUIPOWER MORTGAGE CORP.					
Principal Place of Business 1152 ROUTE 10 WEST RANDOLPH, NJ 07869			Mailing Address 1152 ROUTE 10 WEST RANDOLPH, NJ 07869		
2. Principal Place of Business - No P.O. Box # WOODLAKE PROFESSIONAL CENTER 3900 WOODLAKE BLVD.		3. Mailing Address WOODLAKE PROFESSIONAL CENTER 3900 WOODLAKE BLVD.			
Suite, Apt. #, etc. SUITE 201		Suite, Apt. #, etc. SUITE 201			
City & State GREENACRES, FLORIDA		City & State GREENACRES, FLORIDA		4. FEI Number 20-0516215	
Zip 33463		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLUMBERGEXCELSIOR CORPORATE SERVICES, INC. 4435 OLD WINTER GARDEN RD. ORLANDO, FL 32811			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE CPS	NAME KESTEL, ELIZABETH E		TITLE P		
STREET ADDRESS 1152 ROUTE 10 WEST		NAME JOSEPH A. FRECLE			
CITY-ST-ZIP RANDOLPH, NJ 07869		STREET ADDRESS 4475 MARINERS COVE DRIVE			
CITY-ST-ZIP RANDOLPH, NJ 07869		CITY-ST-ZIP WELLINGTON, FLORIDA 33467			
TITLE NAME		TITLE V/S			
STREET ADDRESS CITY-ST-ZIP		NAME FREDERICK J. GIACHETTI			
CITY-ST-ZIP CITY-ST-ZIP		STREET ADDRESS 104 SOUND COURT			
CITY-ST-ZIP CITY-ST-ZIP		CITY-ST-ZIP NORTHPORT, NEW YORK 11768			
TITLE NAME		TITLE NAME			
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP			
CITY-ST-ZIP CITY-ST-ZIP		CITY-ST-ZIP CITY-ST-ZIP			
TITLE NAME		TITLE NAME			
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP			
CITY-ST-ZIP CITY-ST-ZIP		CITY-ST-ZIP CITY-ST-ZIP			
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: <u><i>Fredrick J. Giachetti</i></u> V.P./Sec. 4/24/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					