

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # F95000004894

1. Entity Name  
EQUATOR RESORT, INC.



**FILED  
Apr 20, 2006 8:00 am  
Secretary of State**

04-20-2006 90175 031 \*\*\*150.00

40059110



04172006 Chg-P CR2E034 (11/05)

Principal Place of Business  
818 FLEMING STREET  
KEY WEST, FL 33040 US

Mailing Address

818 FLEMING ST.  
#2  
KEY WEST, FL 33040 US

2. Principal Place of Business  
818 Fleming Street

Suite, Apt. #, etc.

3. Mailing Address  
818 Fleming St

Suite, Apt. #, etc.

City & State  
Key West, FL

City & State  
Key West, FL

Zip  
33040

Country  
US

Zip  
33040

Country  
US

4. FEI Number  
62-1613017

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KOSIK, JOHN A JR  
818 FLEMING ST.  
KEY WEST, FL 33040

7. Name and Address of New Registered Agent

Name  
Richard Hoy  
Street Address (P.O. Box Number is Not Acceptable)  
818 Fleming St.

City  
Key West FL Zip Code  
33040

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE SD  
NAME BASS, STEPHEN G  
STREET ADDRESS 1403 ROSE STREET  
CITY-ST-ZIP KEY WEST, FL 33040

Delete

TITLE PTD  
NAME KOSIK, JOHN A JR  
STREET ADDRESS 1403 ROSE ST  
CITY-ST-ZIP KEY WEST, FL 33040

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD  
NAME Richard Hoy  
STREET ADDRESS 818 Fleming St. Key West, 33040

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/06