
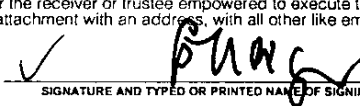


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90091 029 \*\*\*150.00

<b>DOCUMENT # F97000000959</b> 1. Entity Name <b>EQUALCROSS LIMITED CORPORATION</b>					
Principal Place of Business <b>1858 RINGLING BLVD.</b> <b>SARASOTA, FL 34236</b>			Mailing Address <b>1858 RINGLING BLVD.</b> <b>SARASOTA, FL 34236</b>		
2. Principal Place of Business <b>1990 Main Street</b> Suite, Apt. #, etc. <b>Suite 801</b>		3. Mailing Address <b>1990 Main Street</b> Suite, Apt. #, etc. <b>Suite 801</b>			
City & State <b>Sarasota, FL 34236</b>		City & State <b>Sarasota, FL</b>		4. FEI Number <b>98-0143868</b>	
Zip <b>34236</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DART, THOMAS</b> <b>C/O RUDEN MCCLOSKEY</b> <b>1549 RINGLING BLVD.</b> <b>SARASOTA, FL 34236</b>				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;"> <span><b>FL</b></span> <span>Zip Code</span> </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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HARDING, ALVIN A PINE LODGE, CLAY HEAD RD. BALDRING ISLE OF MAN,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEEGAN, STEPHAN JOSEPH 7 CASTLE GREEN X DOUGLAS, ISLE OF MAN,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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:  <b>STEPHEN JOSEPH KEEGAN</b> <b>14.2.06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<div style="display: flex; justify-content: space-between;"> <span><b>00441624</b></span> <span><b>625538</b></span> </div> <div style="display: flex; justify-content: space-between;"> <span><b>DIRECTOR</b></span> <span>Date</span> </div>					

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