2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007
Secretary of State

DOCUMENT# F98000002559

Entity Name: EQUIANT FINANCIAL SERVICES INC.

Current Principal Place of Business:

4343 N SCOTTSDALE ROAD
SUITE 270
SCOTTSDALE, AZ 85251

New Principal Place of Business:

Current Mailing Address:

4343 N SCOTTSDALE ROAD
SUITE 270
SCOTTSDALE, AZ 85251

New Mailing Address:

FEI Number: 86-0695380 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: SCHACTER, STACEY J
Address: 33 RIVERSIDE DR.
City-St-Zip: PEMBROKE, MA 02359

Title: CFOT ( ) Delete
Name: SHOEMAKE, CHARLES
Address: 33 RIVERSIDE DR.
City-St-Zip: PEMBROKE, MA 02359

Title: GCS ( ) Delete
Name: BRODSKY, NEIL L
Address: 33 RIVERSIDE DR.
City-St-Zip: PEMBROKE, MA 02359

Title: VP ( ) Delete
Name: KIM, DON
Address: 4343 N SCOTTSDALE ROAD, SUITE 270
City-St-Zip: SCOTTSDALE, AZ 85251

Title: P ( ) Delete
Name: MORRISROE, FRANK A
Address: 4343 N SCOTTSDALE ROAD, SUITE 270
City-St-Zip: SCOTTSDALE, AZ 85251

Title: D ( ) Delete
Name: SHOEMAKE, CHARLES
Address: 33 RIVERSIDE DRIVE
City-St-Zip: PEMBROKE, MA 02359

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: SHOEMAKE, CHARLES
Address: 33 RIVERSIDE DR.
City-St-Zip: PEMBROKE, MA 02359

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NEIL L. BRODSKY GCS 04/18/2007

Electronic Signature of Signing Officer or Director — Date