2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G19724 FILED 1. Entity Name " **EQUITY BASE REALTY, INC.** 07 MAY -9 AM 5: 40 Principal Place of Business Mailing Address SECRETARY OF STATE 217 ROSEHILL DR P. O. BOX 13381 TALLAHASSEE, FLORIDA TALLAHASSEE, FL 32317 TALLAHASSEE, FL 32317 US 05092007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2249974 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ARNOLD, ROBERT W DO NOT WRITE 217 ROSEHILL DR TALLAHASSEE, FL 32312 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be FILE NOWILL FEE IS \$550.00 9. Election Campaign Financing Trust Fund Contribution. Due by September 14, 2007 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME ARNOLD, ROBERT W 217 ROSEHILL DRIVE NORTH STREET ADDRESS TALLAHASSEE, FL CITY-ST-ZIP 000102931320 05/21/07--01014--025 **150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP ШТЕ NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

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