


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # H36401
1. Entity Name
EQUITY PREMIUM, INC.



Principal Place of Business 1535 N MAITLAND AVE C/O SHARON REGISTER MAITLAND, FL 32751	Mailing Address 1535 N MAITLAND AVE C/O SHARON REGISTER MAITLAND, FL 32751
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04042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2499733	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**REGISTER, SHARON
1535 N MAITLAND AVE
MAITLAND, FL 32751**

DO NOT WRITE 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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	DP REGISTER, SHARON 1535 NORTH MAITLAND AVE. MAITLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PACE, ERICK 1535 N MAITLAND AVE MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PACE, TARA 1535 N MAITLAND AVE MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/06/06-80149-012 158.75

DO NOT WRITE IN THIS SPACE

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: *Sharon Register* *Erick Pace* 4/4/06 407-260-2220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #