


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # J13261 1. Entity Name SUMMA EQUITY CORPORATION																																					
Principal Place of Business 5355 TOWN CNTR RD, #801 BOCA RATON FL 33486			Mailing Address 5355 TOWN CNTR RD, #801 BOCA RATON FL 33486																																		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																			
City & State		City & State		4. FEI Number NO-T APPLICABLE																																	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent LEVINE, WALTER M. 5355 TOWN CNTR RD #801 BOCA RATON FL 33486				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																	
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. <i>Walter M. Levine</i> SIGNATURE				DATE 2/15/07																																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution. <input type="checkbox"/>																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">PST</td> <td style="width:10%;">Delete</td> </tr> <tr> <td></td> <td>LEVINE, WALTER M.</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="3">5355 TOWN CNTR RD #801</td> </tr> <tr> <td>CITY ST ZIP</td> <td colspan="3">BOCA RATON FL 33486</td> </tr> </table>				TITLE	NAME	PST	Delete		LEVINE, WALTER M.		<input type="checkbox"/>	STREET ADDRESS	5355 TOWN CNTR RD #801			CITY ST ZIP	BOCA RATON FL 33486			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">Change</td> <td style="width:10%;">Add</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="3">UN00000617473</td> </tr> <tr> <td>CITY ST ZIP</td> <td colspan="3">03/06/07-80075-005 158.75</td> </tr> </table>		TITLE	NAME	Change	Add			<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS	UN00000617473			CITY ST ZIP	03/06/07-80075-005 158.75		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Walter M. Levine</i> Walter M. Levine 2/15/07 561/396 445																																	