## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 07, 2008 08:00 Al **DOCUMENT # L56592** Secretary of State 1. Entity Name **EQUITY EQUALIZER, INC.** Principal Place of Business Mailing Address 1499 SW 18 PLACE 1499 SW 18 PLACE GAINESVILLE, FL 32608 GAINESVILLE, FL 32608 02052008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0191025 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PHANG, PHILLIP J DO NOT WRITE 1499 SW 18 PLACE GAINESVILLE, FL 32608 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIN FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME PHANG, FRANK STREET ADDRESS 1499 SW 18 PLACE CITY-ST-ZIP GAINESVILLE, FL 32608 TITLE PHANG, MADGE NAME STREET ADDRESS U00000818859 1499 SW 18 PLACE 02/15/08-80059-024 150.00 CITY-ST-ZIP GAINESVILLE, FL 32608 TITLE PHANG, FRANCINE STREET ADDRESS 1499 SW 18 PLACE DO NOT WRITE CITY-ST-ZIP GAINESVILLE, FL 32608 TITLE IN THIS SPACE PHANG, PHILLIP NAME STREET ADDRESS 1499 SW 18 PLACE CITY-ST-ZIP GAINESVILLE, FL 32608 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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.

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STREET ADDRESS CITY-ST-ZIP

SHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/2008

352-336-8852

FILED

Daytime Phone #