2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 14, 2004 8:00 am Secretary of State 01-14-2004 90007 039 ***150.00

| DOCUMENT # L73511 1. Enlity Name EQUITY EXCHANGE SERVICES, INC. | | | | | | | | 7 01-14-2004 9000/ 039 ***150.00 | | | | |
|---|----------------|--|---------------------|--------------------------------------|----------------------|--|---------------------------------------|---|--------------------|---------------|---------------------------|--------------------------------|
| Principal Place of Business . Mailing Address | | | | | | | | 44001698 | | | | |
| 100 WALLACE AVE STE 100 STE 100 SARASOTA, FL 34237 SARASOTA, FL 34237 | | | | | | | |) 1 10 10 10 10 10 10 10 | | | | 77 23) ji 534 ! |
| 2. Principal Place of Business | | | | 3. Mailing Address | | | | | | | | |
| Suite, Apt. | #, etc. | | Suite, Apt. #, etc. | | | | | 01072004 | Chg-P | CR2 | E034 (10/03) | |
| City & State | e | | City & State | | | | | 4. FEI Number 65-0195205 | | | | oplied For ot Applicable |
| Zip | ··_ | Country | | | | untry | | | of Status Desire | | \$8.75 Add Fee Require | |
| 6. Name and Address of Current Registered Agent | | | | | | | | 7. Name and | Address of Nev | w Registered | i Agent | |
| BONE, DAVID D. 1952 FIELD RD SUITE B | | | | | | Name Steet Address (P.O. Box Number is Not Acceptable) 100 Wallace Avenue, Suite 100 | | | | | | |
| SARASOTA, FL 34231 | | | | | | | | | | | | |
| 8. The above named entity submits this statement for the purpose of changing its register | | | | | | City Sarasota | | | FL Zip Code 34237 | | | |
| 8. The above the obligat | ions of regist | y submits this statement for tered agent. | 1 |) = | | | · · · · · · · · · · · · · · · · · · · | ed agent, or both | n, in the State of | Florida. I ar | | and accept |
| | E NOW!!! | FEE IS \$150,00 4 Fee will be \$550. | | 9. Election Campa Trust Fund Cont | ign Finar | | \$5. | 00 May Be ed to Fees | | | | |
| 10. | | OFFICERS AND | DIRECTO | | 11. | | | ADDITIONS/0 | CHANGES TO C | OFFICERS AN | ND DIRECTOR | S IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ì | AVID D. LACE AVE STE 100 TA, FL 34237 | | Delete | | | | | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Delete | TITLE NAM STRE | : | | vab, Glor Wallace Isota, FL | | Suite | Change | X Addition |
| TITLE NAME STREET ADDRESS. CITY-ST-ZIP | | | ~ _ | ☐ Delete | | | 100 | Carol Wallace | Avenue, | Suite | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Delete | | | | | • | | Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | | | · · · | ☐ Delete | | | | | | | Change | ☐ Addition |
| TITLE | | | | ☐ Delete | TITLE | | T | | | | Change | ☐ Addition |

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 frustee-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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR DAVID D. BONE,

1/8/04 Date

941-954-8405

PRESIDENT

Daytene Phone #