

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L73511

FILED  
Mar 08, 2006  
Secretary of State

Entity Name: EQUITY EXCHANGE SERVICES, INC.

**Current Principal Place of Business:**

100 WALLACE AVE  
STE 100  
SARASOTA, FL 34237

**New Principal Place of Business:**

**Current Mailing Address:**

100 WALLACE AVE  
STE 100  
SARASOTA, FL 34237

**New Mailing Address:**

FEI Number: 65-0195205      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BONE, DAVID D.  
1952 FIELD RD  
SUITE B  
SARASOTA, FL 34231 US

**Name and Address of New Registered Agent:**

BONE, DAVID D.  
100 WALLAVE AVENUE  
SUITE 100  
SARASOTA, FL 34237 US

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.

SIGNATURE: DAVID D. BONE      03/08/2006  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: V      ( ) Delete  
Name: WOLF, RACHEL M  
Address: 100 WALLACE AVENUE, SUITE 100  
City-St-Zip: SARASOTA, FL 34237

Title: ST      ( ) Delete  
Name: BONE, CAROL A  
Address: 100 WALLACE AVENUE, SUITE 100  
City-St-Zip: SARASOTA, FL 34237

Title: V      ( ) Delete  
Name: WEND, KAREN L  
Address: 100 WALLACE AVENUE, SUITE 100  
City-St-Zip: SARASOTA, FL 34237

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P,D      ( ) Change (X) Addition  
Name: BONE, DAVID D  
Address: 100 WALLACE AVENUE, SUITE 100  
City-St-Zip: SARASOTA, FL 34237

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID D. BONE      P      03/08/2006  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date