2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000756

Entity Name: EQUINOX DOCUMENTARIES, INC.

FILED Apr 19, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
1503 ROBIN ORLANDO,							
Current Mailing Address:				New Mailing Address:			
1503 ROBIN ORLANDO,							
FEI Number:	03-0379233	FEI Number Applied For ()	FEI Num	nber Not Appli	cable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:		Name and	Address of N	New Registered Agent:	
BELLEVILL 201 SEWEL SANFORD,		US		BELLEVILLI 120 W. 18T SANFORD,	H STREET	US	
The above in the State		submits this statement for the pu	rpose of	f changing its	s registered o	office or registered agent, or both,	
SIGNATURE:					04/19/2006		
	Electron	ic Signature of Registered Agen	t			Date	
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES	TO OFFICERS AND DIRECTOR	≀S:	
Title: Name: Address: City-St-Zip:	HENDERSON, 0 1016 SOUTH R			Title: Name: Address: City-St-Zip:	()) Change ()Addition	
Title: Name: Address: City-St-Zip:	D () POOLE, LESLII 1671 SUMMER WINTER PARK	LAND AVE.		Title: Name: Address: City-St-Zip:	()) Change ()Addition	
Title: Name: Address: City-St-Zip:	D () HANNA, LEE 13570 MANDAF JACKSONVILLE			Title: Name: Address: City-St-Zip:	()) Change ()Addition	
Title: Name: Address: City-St-Zip:	VTD () GIGUERE, ROE 1503 ROBIN RI ORLANDO, FL	Э.		Title: Name: Address: City-St-Zip:	()) Change ()Addition	
Title: Name: Address: City-St-Zip:	PD () BELLEVILLE, V 201 SEWELL R SANFORD, FL	ROAD		Title: Name: Address: City-St-Zip:	PD (X BELLEVILLE, V 120 W. 18TH S SANFORD, FL	STREET	
Title: Name: Address: City-St-Zip:	D () HOWERTON, M 1425 DEVIL'S I TALLAHASSEE	DIP		Title: Name: Address: City-St-Zip:	SOPP, TERESA 96372 ABACO	C) Change ()Addition A ISLAND DRIVE BEACH, FL 32034-11 24	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT R. GIGUERE, JR. VTD 04/19/2006