


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N03000002797 1. Entity Name EQUAL RIGHTS ALLIANCE, INC.	
--	---

Principal Place of Business 305 173 AVE. ST. PETERSBURG, FL 33708-1332	Mailing Address 305 173 AVE. ST. PETERSBURG, FL 33708-1332
--	--



04302006 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1191439	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  COHEN, MARCIA 111 SECOND AVE. NE, STE. 810 ST. PETERSBURG, FL 33701
--

**DO NOT WRITE  
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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OESTREICH, JEANNE M 305 173 AVENUE ST. PETERSBURG, FL 33706
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT OESTREICH, CHARLES 305 173 AVE SAINT PETERSBURG, FL 33708
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/S OESTREICH, CHERYL 86 ONTARIO AVE N. MASSAPEQUA, NY 11758
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000561736  
05/19/06-80028-002 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 617, 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: Sandy Oestreich, Pres. / SANDY OESTREICH  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

4/30/06 127 393-0932