

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007904

FILED  
Jan 25, 2007  
Secretary of State

**Entity Name:** DIGITAL EQUALITY FOUNDATION, INC

**Current Principal Place of Business:**

219 N. MAGNOLIA AVENUE  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

219 N. MAGNOLIA AVENUE  
ORLANDO, FL 32801

**New Mailing Address:**

**FEI Number:** 20-1550138

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SEQUENZIA, STEVE  
219 N. MAGNOLIA AVENUE  
ORLANDO, FL 32801 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete  
Name: STEVE, SEQUENZIA J  
Address: 1011 E. RIDGEWOOD STREET  
City-St-Zip: ORLANDO, FL 32803 US

Title: CEO ( ) Delete  
Name: JEFF, WHITE R  
Address: 1011 E. RIDGEWOOD ST.  
City-St-Zip: ORLANDO, FL 32803 US

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

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

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

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: STEVE SEQUENZIA

CEO

01/25/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date