

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010311

FILED  
May 14, 2008  
Secretary of State

**Entity Name:** THE EQUIPPING INSTITUTE, INC

**Current Principal Place of Business:**

600 NORTH PINE ISLAND  
PLANTATION, FL 33322

**New Principal Place of Business:**

5793 NW 48TH CT  
CORAL SPRINGS, FL 33067

**Current Mailing Address:**

600 NORTH PINE ISLAND  
PLANTATION, FL 33322

**New Mailing Address:**

5793 NW 48TH CT  
CORAL SPRINGS, FL 33067

FEI Number: 20-5711882      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

DAVIS, GWENDOLYN N  
5793 NW 48TH COURT  
CORAL SPRINGS, FL 33067      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: DAVIS, GWENDOLYN N  
Address: 5793 NW 48TH COURT  
City-St-Zip: CORAL SPRINGS, FL 33067

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

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

I hereby certify that the information supplied with this filing does not qualify 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: GWENDOLYN N. DAVIS

CEO

05/14/2008

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

\_\_\_\_\_  
Date