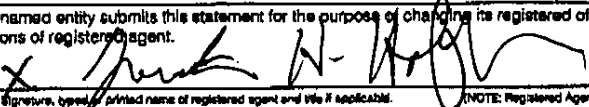
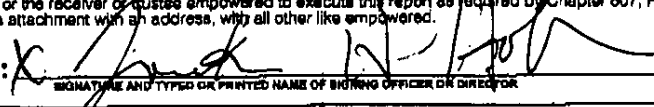


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000083462					
1. Entity Name EQUILIBRIUM, P.A.					
Principal Place of Business 1725 MAIN STREET, #223 WESTON, FL 33326			Mailing Address 1725 MAIN STREET, #223 WESTON, FL 33326		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-1032544	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$6.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HOFFMAN, JONATHAN H 1725 MAIN STREET, #223 WESTON, FL 33326			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State FL Zip Code		
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:  DATE: 7/3/06					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees In accordance with s. 807.183(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HOFFMAN, JONATHAN		NAME		
STREET ADDRESS	1725 MAIN STREET, #223		STREET ADDRESS		
CITY- ST- ZIP	WESTON, FL 33326		CITY- ST- ZIP		
			U000000583602 07/12/06-80007-001 150.00		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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 607, 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:  DATE: 7/3/06 904-217-1757					