


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 11, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000090787</b>	
1. Entity Name <b>EQUUS ONE, INC.</b>	

Principal Place of Business <b>6231 GA BLVD. SUITE 104 PALM BEACH GARDENS FL 33418</b>	Mailing Address <b>6231 GA BLVD. SUITE 104 PALM BEACH GARDENS FL 33418</b>
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2. Principal Place of Business <b>6231 PGA BLVD SUITE 104 PALM BEACH GARDENS FL 33418</b>	3. Mailing Address <b>6231 PGA BLVD. SUITE 104 PALM BEACH GARDENS FL 33418</b>
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2nd MOORE CR2E034 (4/06)

4. FEI Number <b>65-1138822</b>	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 <b>KALLAND, MICHAEL 13395 RUNNING WATER RD. PALM BEACH GARDENS FL 33418</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 *Michael Kalland* DATE 8.1.06

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

<b>FILE NOW!!! FEE IS \$550.00</b> <b>DUE BY September 6, 2006</b> <b>Make Check Payable to Florida Department of State</b>	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRES KALLAND, MICHAEL 13395 RUNNING WATER RD. PALM BEACH GARDENS FL 33418</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>U00000574079 08/11/06-80002-004 550.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Michael Kalland* **MICHAEL KALLAND 8.1.06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #