

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P01000094496</b> 1. Entity Name <b>EQUITY MANAGEMENT SYSTEMS, INC.</b>				06 APR 11 PM 4:03 	
Principal Place of Business <b>3038-A CRAWFORDVILLE HWY STE A CRAWFORDVILLE, FL 32347</b>		Mailing Address <b>3038-A CRAWFORDVILLE HWY STE A CRAWFORDVILLE, FL 32347</b>			
2. Principal Place of Business <b>3200 Commonwealth Blvd</b> Suite, Apt. #, etc.		3. Mailing Address <b>3200 Commonwealth Blvd</b> Suite, Apt. #, etc.		02172006 Chg-P CR2E034 (11/05)	
City & State <b>Tallahassee, FL</b> Zip <b>32303</b>		City & State <b>Tallahassee, FL</b> Zip <b>32303</b>		4. FEI Number <b>59-3749411</b> Applied For <input type="checkbox"/> Not Applicable	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BROWN, GENE D 3068 -A CRAWFORDVILLE HWY TALLAHASSEE, FL 32347</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>3200 Commonwealth Blvd.</b> City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32303</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> <b>500072703205</b> <b>04/28/06--01027--011 **150.00</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS <b>BROWN, GENE D 3038-A CRAWFORDVILLE HWY CRAWFORDVILLE, FL 32347</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3200 Commonwealth Blvd. Tallahassee, FL 32303</b>	
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	
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	
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	
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	
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: <b>[Signature]</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>2-27-06 840-668-6103</b> <small>Date Daytime Phone #</small>		