


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 15, 2005 8:00 am**  
**Secretary of State**

07-15-2005 90021 022 \*\*\*550.00

<b>DOCUMENT # P02000125913</b>	
1. Entity Name <b>EQUITY GROUP LEASING I, INC.</b>	

Principal Place of Business <b>4900 MANATEE AVENUE WEST SUITE 101 BRADENTON, FL 34209 US</b>	Mailing Address <b>4900 MANATEE AVENUE WEST SUITE 101 BRADENTON, FL 34209 US</b>
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20064179

2. Principal Place of Business <b>14160 DALLAS PARKWAY</b>	3. Mailing Address <b>14160 DALLAS PARKWAY</b>
Suite, Apt. #, etc. <b>STE. 500</b>	Suite, Apt. #, etc. <b>STE. 500</b>
City & State <b>DALLAS, TEXAS</b>	City & State <b>DALLAS, TEXAS</b>
Zip <b>75254</b>	Country <b>DALLAS</b>



07072005 Chg-P CR2E034 (10/03)

4. FEI Number <b>32-0077432</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>COURTNEY, CALVERT 4900 MANATEE AVENUE WEST SUITE 101 BRADENTON, FL 34209</b>		
7. Name and Address of New Registered Agent Name <b>CT Corp</b> Street Address (P.O. Box Number is Not Acceptable) <b>1200 South Pine Island Road</b> City <b>Plantation</b> State <b>FL</b> Zip Code <b>33324</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  OWNER **7-8-05**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO CALVERT, COURTNEY 2202 6TH ST. W. PALMETTO, FL 34231 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER CHARLES D. WOOD, JR. 14160 DALLAS PKWY, STE 500 DALLAS, TX 75254 <input checked="" 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
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 exemption stated in Section 119.07(3)(i), 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:  C. D. Wood, Jr. **7-8-05 972-404-1615**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #