

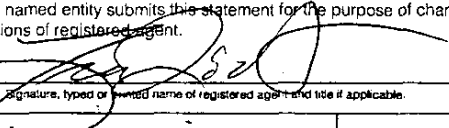



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90110 001 ***150.75

07-25-2005 90110 002 *****8.00

DOCUMENT # P03000036939 1. Entity Name ALEQUOT, INC.					
Principal Place of Business 3864 92ND LN N 11 WEST PALM BEACH, FL 33403			Mailing Address PO BOX 221373 WEST PALM BEACH, FL 33422		
2. Principal Place of Business 562 SW Dailey Ave. Suite, Apt. #, etc.		3. Mailing Address PO Box 880775 Suite, Apt. #, etc.			
City & State Port St. Lucie, FL Zip Country 34953 US		City & State Port St. Lucie, FL Zip Country 34988 US		4. FEI Number 57-1165883	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				07192005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent LANSQUOT, FRANCIS C MR. PO BOX 221373 WEST PALM BEACH, FL 33422			7. Name and Address of New Registered Agent Name Francis Lansiquot Street Address (P.O. Box Number is Not Acceptable) 562 SW Dailey Ave. City Port St. Lucie FL Zip Code 34953		
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 7-22-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(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 NAME STREET ADDRESS CITY-ST-ZIP	PRES ALEXANDER, DESMA C PRES 3864 92ND LN N #11 WEST PALM BEACH, FL 33422	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES DESMA ALEXANDER 562 SW Dailey Ave. Port St. Lucie, FL 34953	<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		
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:  DESMA ALEXANDER, PRES <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 7/22/05 (561) 317-7445 <small>Daytime Phone #</small>		