



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 8:00 am
Secretary of State

07-11-2005 90120 021 ***158.75

DOCUMENT # P03000156908 1. Entity Name AMERICAN EQUALS CORPORATION					
Principal Place of Business 1918 SOUTH EAST CARVALHO STREET PORT ST. LUCIE, FL 34983			Mailing Address 375 ROUTE 82 OAKDALE, MA 06370 CT		
2. Principal Place of Business		3. Mailing Address 375 Route 82			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Oakdale, CT		4. FEI Number 65-1214118	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 06370		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRESIDENTIAL SERVICES INCORPORATED 1217 CAPE CORAL PKWY CAPE CORAL, FL 33904-960			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</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	P DEPONTE, RALPH 375 ROUTE 82 OAKDALE, MA 06370 CT		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	
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: 			7/5/05 (203)530-9133		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		



ATTACHMENT

DOB 000156909
200604180

July 5th, 2005

To: Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Phone: (850) 245-6056

Fax: ()

E-mail: www.sunbiz.org

From: Mark DePonte
Vice President, American Equals

Phone: (203) 530-9133

Fax: (203) 466-1304

E-mail: mark@americanequals.com

Ref: Annual Report [2005]

Thank for taking the time to speak with me this afternoon. You cleared up a lot of confusing issues.

As per your instructions, enclosed is the annual report, once again with corrected mailing address information, and a check for \$158.75 for the annual report fee and certificate of status.

Thank you for waiving the \$400.00 late fee. Hopefully, we will no longer have any mailing issues!!

I tried to print out the last proof of address change amendment but I could only get a blank page with the internet addressing info at the bottom. But you have it on file anyway.

Sincerely,

A handwritten signature in cursive script that reads "Mark DePonte".

Mark DePonte