


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90079 033 ***158.75

DOCUMENT # P04000014518	
1. Entity Name EQUULEUS INC.	

Principal Place of Business 17330 SW 61ST COURT SOUTHWEST RANCHES, FL 33331	Mailing Address 17330 SW 61ST COURT SOUTHWEST RANCHES, FL 33331
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2. Principal Place of Business 17330 SW 61 Ct.	3. Mailing Address 9369 Sheridan St.
Suite, Apt. #, etc.	Suite, Apt. #, etc. # 706

City & State Southwest Ranches, FL	City & State Cooper City, FL
Zip 33331	Country USA
Zip 33024	Country USA



01062006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent WOLFSON, KARLA 17330 SW 61ST COURT SOUTHWEST RANCHES, FL 33331	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <i>Karla Wolfson</i> DATE 1-15-2006 <small>(NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	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	V WOLFSON, MARTIN D 17330 SW 61ST COURT SOUTHWEST RANCHES, FL 33331 <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	D MAHONEY, CLYDE 17330 SW 61ST COURT SOUTHWEST RANCHES, FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Matt D. Wolfson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 1/15/06 Daytime Phone # 954 868 2658