
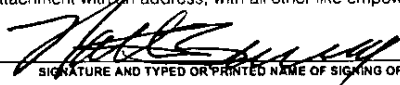


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90098 022 ***150.00

DOCUMENT # P06000130374			
1. Entity Name COMMUNITY EQUITY PARTNERS GROUP, INC.			
Principal Place of Business 12864 BISCAYNE BLVD. SUITE 235 NORTH MIAMI, FL 33181 US		Mailing Address 12864 BISCAYNE BLVD. SUITE 235 NORTH MIAMI, FL 33181 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address C/O Mark J. Ingber CPA PA Suite, Apt. #, etc. 10100 West Sample Road #326 City & State Coral Springs FL Zip 33065 Country US	
Suite, Apt. #, etc.		City & State	
City & State	Zip	Country	4. FEI Number 20-5830113
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	Applied For Not Applicable
6. Name and Address of Current Registered Agent BURRELL, NATHAN 1800 NORTHEAST 114TH STREET #1911 NORTH MIAMI, FL 33181		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD BURRELL, NATHAN 1800 NORTHEAST 114TH STREET #1911 NORTH MIAMI, FL 33181 <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: 		Nathan Burrell 4/27/07 954-50-0109	

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04252007 Chg-P CR2E034 (12/06)