2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# P06000144476

Entity Name: EQUINOX DATAMATICS, INC.

Current Principal Place of Business:

5071 SOUTH STATE ROAD 7
717
DAVIE, FL 33314 US

New Principal Place of Business:

Current Mailing Address:

5071 SOUTH STATE ROAD 7
717
DAVIE, FL 33314 US

New Mailing Address:

FEI Number: 20-5919427 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARIKH, ANILKUMAR
5071 SOUTH STATE ROAD 7
717
DAVIE, FL 33314 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PETRICS, ISTVAN
Address: 6901 CYPRESS ROAD APT. 18D
City-St-Zip: PLANTATION, FL 33317 US

Title: VP ( ) Delete
Name: BRAHMBHATT, YASHVANT
Address: 3915 KENAS STREET
City-St-Zip: WEST PALM BEACH, FL 33403 US

Title: SECR ( ) Delete
Name: CORKRAN, MICHAEL
Address: 803 BARTON BLVD.
City-St-Zip: AUSTIN, TX 78704 US

Title: TREA ( ) Delete
Name: PARIKH, ANILKUMAR
Address: 5071 SOUTH STATE ROAD 7 APT. 717
City-St-Zip: DAVIE, FL 33314 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ISTVAN PETRICS P 04/30/2007

Electronic Signature of Signing Officer or Director — Date