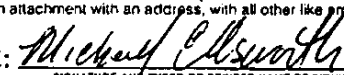


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 06, 2008 8:00 am
Secretary of State

05-05-2008 90254 021 ***150.00

DOCUMENT # P07000042241																											
1. Entity Name EQUILLION, INC.																											
Principal Place of Business 1016 CLEARWATER PLACE WEST PALM BEACH, FL 33401		Mailing Address 1016 CLEARWATER PLACE WEST PALM BEACH, FL 33401																									
2. Principal Place of Business - No P.O. Box # 400 S. AUSTRALIAN AVE Suite, Apt. #, etc. # 300 City & State WEST PALM BEACH, FL Zip 33401 Country USA		3. Mailing Address 400 S. AUSTRALIAN AVE Suite, Apt. #, etc. # 300 City & State WEST PALM BEACH, FL Zip 33401 Country USA																									
4. FEI Number 26-0410333		Applied For Not Applicable																									
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent KOEPEL, JOEL P 1016 CLEARWATER PLACE WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name JOEL P. KOEPEL Street Address (P.O. Box Number is Not Acceptable) 400 S. AUSTRALIAN AVE # 300 City WEST PALM BEACH FL Zip Code 33401																									
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 3/20/08 (NOTE: Registered Agent signature required when transferring)																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																									
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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: 		MICHAEL ELLSWORTH 761-685-4730																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone																									

66013575



01082008 Chg-P CR2E034 (12/06)