FILED
Jun 06, 2008 8:00 am
Secretary of State
05-05-2008 90254 021 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000042241

1. Entity Name
EQUILLION, INC.

66013575

Principal Place of Business
1016 CLEARWATER PLACE
WEST PALM BEACH, FL 33401-

Mailing Address
1016 CLEARWATER PLACE
WEST PALM BEACH, FL 33401

01082008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
400 S. Australian Ave	400 S. Australian Ave
Suite, Apt. #, etc.: # 300	Suite, Apt. #, etc.: # 300
City & State: West Palm Beach, FL	City & State: West Palm Beach, Fl
Zip: 33401 Country: USA	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

KOEPPEL, JOEL P
1016 CLEARWATER PLACE
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name: Joel P. Koeppel
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 [signature] 3/20/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOEPPEL, JOEL P 1016 CLEARWATER PLACE WEST PALM BEACH, FL 33401	☑ Delete	D Michael Ellsworth 5851 140th Avenue South Lake Worth, FL 33467	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: [signature] Michael Ellsworth 561-685-4730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #