2006 FOR PROFIT CORPORATION

FILED Jan 17, 2006 08:00 AM Secretary of State

ANNUAL REPORT			Secretary of State	
DOCUMENT # P0971 1. Entity Name G EQUITY INVESTMENT GRO			Secretai	ry of State
Principal Place of Business 20 NORTH CLARK STREET SUITE 2550 CHICAGO, IL 60602	Mailing Address 20 NORTH CLARK STREET SUITE 2550 CHICAGO, IL 60602	-	E MERKERI IN ROME INN PERE NUMBER NUMBER NUMBER	EKA MENDAL MENDAL MAMBA MAMBA MENDAL IN SUMSA
DO NOT WRITE IN THIS SPACE		4. FEI Number	CR2E034 (11/05)	
			36-3327521	Not Applica

052006	No Chg-P	CR2E034 (1	1/05)
FEI Number	·		Applied For
36-3327	7521		Not Applicabl

Not Applicable

(312) 782 - 3280

5. Certificate o	of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GOLDSTICK, PHILLIP C

C/O STEPHEN MATHISON PGA CONCOURSE, 5606 PGA BLVD., STE. 211 PALM BCH GARDENS, FL 33418

SIGNATURE:

DO	NOT	WRITE
IN	THIS	SPACE

the obligation	named entity submits this statement for the pations of registered agent. .	urpose of changing its registered i	office or r	egistered agent, or bo	th, in the State of Florida. I am tamiliar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable. [NOTE Registered Ag	ent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financin Trust Fund Contribution.	g \square	\$5.00 May Be Added to Fees	######################################
10.	OFFICERS AND DIRECT	TORS			
TITLE NAME STREET ADORESS CITY-ST-ZIP	CEOP GOLDSTICK, PHILLIP C 20 N. CLARK ST., #2550 CHICAGO, IL				
DILE NAME STREET ADDRESS CITY-ST-ZIP	VP GOLDSTICK, GALE 20 N. CLARK ST., #2550 CHICAGO, IL 60602		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST GOLDSTICK, BEVERLY 20 N. CLARK ST., #2550 CHICAGO, IL 60602				
TITLE NAME STREET ADDRESS CITY -ST - ZIP				IN T	THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY-SY-ZIP	a set side	(Alaman Alaman)			
12. Thereby of indicated of the corchanged,	pertify that the information supplied with this fill on this report or supplemental report is true as poration or the receiver or trustee empowered or on an attachment with on address, with all	ng does not quality for the exemp nd accurate and that my signature to execute this report as required other like empowered	tions cor shall hav by Chap	itained in Chapter 1 (9) re the same legal effecter 607, Florida Statute	Florida Statutes. I further certify that the information it as if made under oath, that I am an officer or directors; and that my name appears in Block 10 or Block 11 if