

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90182 040 ***158.75

DOCUMENT # P94000001150 1. Entity Name EQUIPMENT VALUATION MANAGEMENT, INC.	
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Principal Place of Business 9009 QUAIL CREEK DR TAMPA, FL 33647	Mailing Address 9009 QUAIL CREEK DR STATE 250 TAMPA, FL 33647
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DO NOT WRITE IN THIS SPACE

40000000



01122007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3221443	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LAGACE, DANIEL L 9009 QUAIL CREEK DR TAMPA, FL 33647

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT LAGACE, DANIEL L. 9009 QUAIL CREEK DR TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LAGACE, GERALD A 1841 INGRAM AVE. SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Daniel Lagace DANIEL LAGACE 12/31/06 813 929 6605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #