2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 07, 2005 8:00 am Secretary of State **DOCUMENT # P96000009490** 03-07-2005 90269 045 ***150.00 1. Entity Name PYRAMID EQUITIES, INC. Principal Place of Business Mailing Address 6600 LAKESHORE DRIVE 1220 NE 48TH ST. 40027506 MARGATE, FL 33063 POMPANO BEACH, FL 33064 02282005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0666178 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DEWITT, RICHARD DO NOT WRITE 6600 LAKESHORE DRIVE MARGATE, FL 33063 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE VSD NAME DEWITT, RICHARD 6600 LAKESHORE DRIVE STREET ADDRESS CITY-ST-ZIP MARGATE, FL 33063 PTO TITLE KAVANAUGH, CHRISTIAN NAME STREET ADDRESS 6600 LAKESHORE DRIVE CITY-ST-ZIP MARGATE, FL 33063 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TTLE NAME STREET ADDRESS CITY-ST-78P

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

SIGNATURE:

THE NAME STREET ADDRESS CITY-ST-ZIP

FILED