


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

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| DOCUMENT # P98000022926 1. Entity Name EQUITABLE FINANCIAL GROUP, INC. |  |
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| Principal Place of Business 633 SOUTH FEDERAL HIGHWAY FT. LAUDERDALE, FL 33301 | Mailing Address 633 SOUTH FEDERAL HIGHWAY FT. LAUDERDALE, FL 33301 |
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04262007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0899883 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent SPUTE, H. WILLIAM JR. 633 SOUTH FEDERAL HIGHWAY FT. LAUDERDALE, FL 33301 |
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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.

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| SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE: _____ |
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| 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 | U000000749755 05/18/07-80035-019 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SPUTE, WILLIAM H JR. 6978 NW 62ND TERRACE PARKLAND, FL 33067 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ALLEN, STUART 20191 E. COUNTRY CLUB DR #PH7 MIAMI, FL 33180 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D EVANS, JAMES D 5420 SW 134 DR MIAMI, FL 33156 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KLEIN, NORMAN S 16025 W. PRESTWICK PL HIALEAH, FL 33014 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COLLINS, JOHN D 1 LOS OLAS BLVD., #511 FORT LAUDERDALE, FL 33316 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MASUR, WAYNE K 2680 HUNTER CT FORT LAUDERDALE, FL 33331 |

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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.

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| SIGNATURE: <u>LEW HARGADON S.O.R</u> <u>4/26/07</u> <u>9545242265</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <small>Date</small> | <small>Daytime Phone #</small> |
|---|---------------------|--------------------------------|