2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2007
Secretary of State

DOCUMENT# P98000077440

Entity Name: EQUAL SIX CORP.

Current Principal Place of Business:

2057 TAFT ST.
HOLLYWOOD, FL 33020 US

New Principal Place of Business:

Current Mailing Address:

2057 TAFT ST.
HOLLYWOOD, FL 33020 US

New Mailing Address:

FEI Number: 65-0864077 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOGGS, LESTER C
2057 TAFT ST.
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BOGGS, LESTER C
Address: 4190 SW 75 CIRCLE EAST
City-St-Zip: DAVIE, FL 33314

Title: D ( ) Delete
Name: HUTCHISON, LORA JANN
Address: 705 EAST GREEN LANE
City-St-Zip: WOODSTOCK, GA 30189

Title: D ( ) Delete
Name: THORNTON, DEBORAH K
Address: 4151 SW 75 CIRCLE
City-St-Zip: DAVIE, FL 33314

Title: D ( ) Delete
Name: BOGGS, HAMILTON D
Address: 19 TOLDEO CT.
City-St-Zip: DAVIE, FL 33324

Title: D ( ) Delete
Name: PAYNE, NANCY A
Address: PSC 41 BOX 45
City-St-Zip: APO, AE 09464

Title: D ( ) Delete
Name: WILLIAMS, KIMBERLY S
Address: 2063 FRUITLAND RD.
City-St-Zip: HENDERSONVILLE, NC 28792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: PAYNE, NANCY A
Address: 20612 ANGELS LANDINGS CT.
City-St-Zip: CLERMONT, FL 34715

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESTER C. BOGGS D 07/05/2007

Electronic Signature of Signing Officer or Director Date