2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 23, 2006 08:00 AM DOCUMENT # P99000000825 **Secretary of State** 1. Entity Name EQUITY ACCOUNTING, INC. Principal Place of Business Mailing Address 4430 HIGHWAY 90 4430 HIGHWAY 90 SUITE H SUITE H PACE, FL 32571 PACE, FL 32571 01192006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3549359 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FAIRCLOTH, S. RICK DO NOT WRITE 4430 HIGHWAY 90 SUITE H IN THIS SPACE PACE, FL 32571 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. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE Unacan395a90 01/26/06-80035-006 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE FAIRCLOTH, S. RICK NAME 4430 HWY 90 -STE H STREET ADDRESS CITY-ST-ZIP PACE, FL 32571 TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP 7(2) F IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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.

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7(P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #