2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000097956

1. Entity Name

EQUITY TECHNOLOGY GROUP, INC.

Principal Place of Business
530 S. FEDERAL HWY, STE. 150
DEERFIELD BEACH FL 33441

Mailing Address
530 S. FEDERAL HWY, STE. 150
DEERFIELD BEACH FL 33441

2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number 65-0968068 ☐ Applied F ☐ Not Applic

5. Certificate of Status Desired ☐ **$8.75** Additional *Fee Required*

6. Name and Address of Current Registered Agent

PERRY, MARK ESQ.
2455 E. SUNRISE BOULEVARD, SUITE 905
FORT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Code

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 acc the obligations of registered agent.

SIGNATURE ____________ (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** Ma Added to Fe

U00000516561
05/01/06-80009-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	CCB	☐ Delete
NAME	ASARE, BEADROS	
STREET ADDRESS	1924 NE 3RD ST #9	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ A
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ A
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ A
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the inform 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 dir 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 Blc if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEADROS ASARE 4-12-06 954 360...

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #