

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F97000000959

**FILED**  
**Jan 15, 2016**  
**Secretary of State**  
**CC2930991765**

**Entity Name:** EQUALCROSS LIMITED CORPORATION

**Current Principal Place of Business:**

1990 MAIN STREET  
SUITE 801  
SARASOTA, FL 34236

**Current Mailing Address:**

1990 MAIN STREET  
SUITE 801  
SARASOTA, FL 34236

**FEI Number:** 98-0143868

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DART, THOMAS  
1515 RINGLING BLVD.  
#700  
SARASOTA, FL 34236 US

*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

**Officer/Director Detail :**

Title DS  
Name HARDING, ALVIN A  
Address PINE LODGE, CLAY HEAD RD.  
City-State-Zip: BALDRING ISLE OF MAN XX 1M1 1-LD

Title D  
Name LAWLER, GRAEME PETER  
Address 4 ATHOL STREET  
City-State-Zip: DOUGLAS, ISLE OF MAN XX 1M1 1-LD

*I hereby 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 all other like empowered.*

**SIGNATURE:** ALVIN HARDING

DS

01/15/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date