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

Electronic Signature of Signing Officer/Director Detail

DS

LD

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F9700000959

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

Name and Address of Current Registered Agent:

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

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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 Title D HARDING, ALVIN A Name Name LAWLER, GRAEME PETER PINE LODGE, CLAY HEAD RD. Address **4 ATHOL STREET** Address DOUGLAS, ISLE OF MAN XX 1M1 1-City-State-Zip: BALDRING ISLE OF MAN XX 1M1 1-City-State-Zip:

Certificate of Status Desired: No

FILED Jan 15, 2016

Secretary of State

CC2930991765

Date

01/15/2016