


# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

11 JUN 20 PM 1:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P09000047209</b> 1. Entity Name <b>EQUITY ENTERTAINMENT &amp; FINANCIAL GROUP INC.</b>	
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Principal Place of Business <del>1840 CORAL WAY</del> <del>MIAMI, FL 33145</del>	Mailing Address <del>P.O. BOX 55251</del> <del>HOUSTON, TX 77255</del>
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04292011 Chg-P CR2E034 (11/08)

2. Principal Place of Business - No P.O. Box # <b>22-908 Town &amp; Country Blvd</b> Suite Apt # etc <b>120</b>	3. Mailing Address <b>22-908 Town &amp; Country Blvd - 120</b>
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City & State <b>Houston, Texas</b>	City & State <b>Houston, Texas</b>
Zip <b>77024</b>	Zip <b>77024</b>
Country <b>U.S.A.</b>	Country <b>USA</b>

4. FEI Number <b>27-0327496</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**MILLER, NORMAN L**  
**1840 CORAL WAY**  
**MIAMI, FL 33145**

7. Name and Address of New Registered Agent

Name  
**Norman L. Miller**

Street Address (P.O. Box Number is Not Acceptable)  
**1840 Coral Way**

City  
**Miami**

State  
**FL**

Zip Code  
**33145**

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 *Norman L. Miller* *Norman L. Miller* *June 20, 2011*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2011 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE	PSD	<input checked="" type="checkbox"/> Delete
NAME	MILLER, NORMAN L	
STREET ADDRESS	<del>1840 CORAL WAY</del>	
CITY-ST-ZIP	<del>MIAMI, FL 33145</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORMAN L. MILLER	
STREET ADDRESS	22-908 Town & Country Blvd Suite 120	
CITY-ST-ZIP	Houston, Texas 77024	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		
NAME		
STREET ADDRESS	500206985645	
CITY-ST-ZIP	05/02/11--01012--005 **150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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.

SIGNATURE: *Norman L. Miller* *June 20, 2011* *(281)536-8196 -CP*

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