


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2007 8:00 am
Secretary of State

04-30-2007 90827 006 ****61.25

DOCUMENT # N06000006374

1. Entity Name
QUINN'S CORPS FOUNDATION INC.



Principal Place of Business
**20810 WEST DIXIE HWY NORTH
 MIAMI BEACH, FL 33180**

Mailing Address
**20810 WEST DIXIE HWY NORTH
 MIAMI BEACH, FL 33180**

66016302



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01262007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent
**A.R.S. & ASSOCIATES INC.
 20810 WEST DIXIE HWY NORTH
 MIAMI BEACH, FL 33180**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
FL Zip 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 accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. - **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	QUINN, DANIEL	
STREET ADDRESS	21 SNOWY OWL TERRACE	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	DV	<input type="checkbox"/> Delete
NAME	QUINN, STACEY	
STREET ADDRESS	21 SNOWY OWL TERRACE	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	DT	<input type="checkbox"/> Delete
NAME	QUINN, BRIAN	
STREET ADDRESS	12090 WOODED VISTA LANE	
CITY-ST-ZIP	SAN DIEGO, CA 92128	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANNETTA, LEN	
STREET ADDRESS	7405 DUNCAS RIDGE WAY	
CITY-ST-ZIP	FUQUAY-VARINA, NC 27526	
TITLE	D	<input type="checkbox"/> Delete
NAME	MASON, CAROLINE	
STREET ADDRESS	718 SOUTH BOULDIN STREET	
CITY-ST-ZIP	BALTIMORE, MD 21702	
TITLE	D	<input type="checkbox"/> Delete
NAME	QUINN, PETER	
STREET ADDRESS	17 VENTOSA DRIVE	
CITY-ST-ZIP	MORRISTOWN, NJ 07960	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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 617, 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **5/21/07** Daytime Phone: **305-613-7700 ext 204**