

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000149946

Entity Name: Q PORT. INC

FILED
Aug 21, 2007
Secretary of State

Current Principal Place of Business:

1702 9TH AVE. NORTH
ST. PETERSBURG, FL 33713

New Principal Place of Business:

Current Mailing Address:

1702 9TH AVE. NORTH
ST. PETERSBURG, FL 33713

New Mailing Address:

FEI Number: 03-0532732

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PORT, DENNIS V
1702 9TH AVE. NORTH
TAMPA, FL 33713 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: O () Delete
Name: PORT, DENNIS
Address: 4710 WELCH CSWY
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: VP () Delete
Name: KRUG, TOM
Address: 6827 MEATLE LAWN DR
City-St-Zip: SAINT PETERSBURG, FL 33702

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DENNIS PORT

O

08/21/2007

Electronic Signature of Signing Officer or Director

_____ Date