
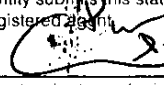
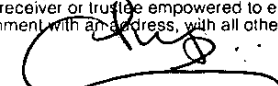


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90092 022 ***550.00

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|--|---------------------------------|---|--|---|--|
| DOCUMENT # P04000097710 | | | |  | |
| 1. Entity Name EVERLAST QUALITY SERVICES INC | | | | | |
| Principal Place of Business 2317 WEST KENTUCKY AVENUE APT 1 TAMPA, FL 33607 US | | | Mailing Address 2317 WEST KENTUCKY AVENUE APT 1 TAMPA, FL 33607 US | | |
| 2. Principal Place of Business - No P.O. Box # 11010 Sunswapt Place | | 3. Mailing Address 11010 Sunswapt Place | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Tampa, FL | | City & State Tampa, FL | | 4. FEI Number 20-1297251 | |
| Zip 33624 | | Country USA | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 03302007 Chg-P CR2E034 (12/06) | |
| 6. Name and Address of Current Registered Agent ARIAS, WILSON 2317 WEST KENTUCKY AVENUE APT 1 TAMPA, FL 33607 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11010 Sunswapt Place City Tampa FL Zip Code 33624 | | |
| 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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE P NAME ARIAS, WILSON STREET ADDRESS 2317 WEST KENTUCKY AVENUE APT 1 CITY-ST-ZIP TAMPA, FL 33607 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS 11010 Sunswapt Place CITY-ST-ZIP Tampa, FL 33624 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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:  DATE: _____ Daytime Phone #: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |