2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000151988

179 MIDDLESEX ROAD

DARIEN, CT 06820

Address:

City-St-Zip:

Entity Name: WILKS QC, INC.

FILED Jul 16, 2008 Secretary of State

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
	O AVENUE EAS FON, FL 34203				
Current N	lailing Addres	s:	New Mailing Addre	ss:	
	D AVENUE EAS TON, FL 34203				
FEI Number	: 20-8109250	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
2819 62NE	ROBERT J DAVENUE EAS TON, FL 34203				
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its register	red office or registered agent, or both,	
SIGNATUI					
	Electron	ic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	CHD () WILKS, PAUL 179 MIDDLESE DARIEN, CT 06		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DP () HARVEY, ROBE 1189 GRANITE VENICE, FL 34	WOODS LOOP	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DST () TUNICK, CARO 179 MIDDLESE DARIEN, CT 06	X ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D () RINTOUL, SANI	Delete DRA	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: ROBERT J HARVEY DP 07/16/2008