

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000011698

FILED
Jan 29, 2010
Secretary of State

Entity Name: QUALITY CARE PROTECTION WARRANTY, INC.

Current Principal Place of Business:

SAWGRASS FORD
14501 W. SUNRISE BLVD
SUNRISE, FL 33323 US

New Principal Place of Business:

Current Mailing Address:

14501 W. SUNRISE BLVD
SUNRISE, FL 33323 US

New Mailing Address:

FEI Number: 65-0658082 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PORTLEY, PETER A ESQ
2211 E SAMPLE RD STE 204
LIGHTHOUSE POINT, FL 33064 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: MENTEN, DAVID
Address: 3640 PARK COURT
City-St-Zip: WESTON, FL 33332

Title: VP
Name: MENTEN, DEBORAH
Address: 1415 E LAKE DRIVE
City-St-Zip: FT LAUDERDALE, FL 33316

Title: ST
Name: MARINELLI, DALE
Address: 6006 PINWOOD AVE
City-St-Zip: PARKLAND, FL 33067

I hereby 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 all other like empowered.

SIGNATURE: DAVID MENTEN

P

01/29/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date