2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 23, 2006 08:00 AM **Secretary of State** DOCUMENT # P97000064277 1. Entity Name THE QUICHE FACTORY, INC. Principal Place of Business Malling Address 27 CAYUGA ROAD 27 CAYLIGA ROAD SEA RANCH LAKES, FL 33308 SEA RANCH LAKES, FL 33308 02012006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0772337 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent ALTMAN, SHAYNA DO NOT WRITE 27 CAYUGA ROAD SEA RANCH LAKES, FL 33308 IN THIS SPACE 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. Signature, typed or printed name of registered agent and fills if applicable. DIOTE. Registered Agent signature required when rematation? DATE \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PVST TITLE ALTMAN, SHAYNA NAME STREET ADDRESS 27 CAYUGA ROAD U00000478024 SEA RANCH LAKES, FL 33308 CITY-ST-ZIP 04/07/06-80014-013 150.00 TITLE ALTMAN, SHAYNA NAME 27 CAYUGA ROAD STREET ADDRESS CITY-ST-ZIP SEA RANCH LAKES, FL 33308 HILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADORESS C/TY-ST-2/P NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 legat effect as if made under oath, that I am an officer or director of the corporation or the receiver or truthee 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 agracidess, with all other life empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

FILED