2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # 259128

1. Entity Name
QUALITY ENGINEERED PRODUCTS CO.



FILED Mar 07, 2008 08:00 A Secretary of State

Principal Place of Business

P O BOX 22213 4506 QUALITY LANE TAMPA, FL 33622 Malling Address

P O BOX 22213 4506 QUALITY LANE TAMPA, FL 33622



01082008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-0969812 Applied For Not Applicable

5. Certificate of Status Desired

\$8,75 Additional

5. Name and Address of Current Registered Agent

BERNSTEIN,BURTON 208 TREASURE DRIVE TAMPA, FL 33609

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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 primed name of registered agent and title if applicable.	(NOTE: Registered Agent argniture required when reinstating)	DATE	
FILE NOW!! FEE 18 \$150.00 9. Election After May 1, 2008 Fee will be \$550.00 Trust Fu	Campaign Financing \$5.00 May Be	- J000000850829 03/25/08-80014-010 150.00	

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TITLE	PD" STATE SEE SEE SEE SEE SEE	
NAME	BERNSTEIN,BURTON	
STREET ADDRESS	208 TREASURE DRIVE	
CITY-ST-ZIP	TAMPA, FL	
-	V	
TITLE	· ·	
NAME OTTOTT + DODESO	BERNSTEIN, ANDREW	
STREET ADORESS	208 TREASURE DR	
CITY-ST-ZIP	TAMPA, FL 33609	
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NAME		
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12. Thereby 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 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:

3 mb 10

DOCTON BOX

2/29/08

(8/3)875-/693 Dayartis Phone #