

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90019 024 ***158.75

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03082006 Chg-P CR2E034 (11/05)

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|--|---|---|---|--|--|
| DOCUMENT # 561604 1. Entity Name Q-MASTERS, INC. | | | | | |
| Principal Place of Business 2699 S UNIVERSITY DRIVE DAVIE, FL 33328 | | | Mailing Address 2699 S UNIVERSITY DRIVE DAVIE, FL 33328 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-1821704 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent YONGE, JAMES E. 1256 SEMINOLE DRIVE FT. LAUDERDALE, FL 33304 | | | 7. Name and Address of New Registered Agent Name Schultz Henry Street Address (P.O. Box Number is Not Acceptable) 5921 Sw 19 Street City Plantation FL Zip Code 33317 | | |
| 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 <u>Henry Schultz</u> <u>Henry Schultz Pres.</u> <u>3/13/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | STD YONGE, VANDA LEE 1256 SEMINOLE DR FT LAUD, FL | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST- ZIP | PD Henry Schultz 5921 Sw 19 St Plantation FL 33317 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | PD YONGE, JAMES E. 1256 SEMINOLE DRIVE FT LAUDERDALE, FL | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST- ZIP | TD constance schultz 5921 Sw 19 St Plantation FL 33317 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <u>Henry Schultz</u> <u>Henry Schultz Pres.</u> <u>3/13/06</u> <u>954-452-1604</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |