2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 561604

Entity Name: Q-MASTERS, INC.

FILED Apr 09, 2007 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of Business: | | |
|---|---|--------------------------------|---|--|--|
| 2699 S UN DAVIE, FL | NVERSITY DR . 33328 | IVE | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| 2699 S UN DAVIE, FL | NIVERSITY DR . 33328 | IVE | | | |
| FEI Number | : 59-1821704 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | d Address of (| Current Registered Agent: | Name and Address | of New Registered Agent: | |
| SCHULTZ 5921 SW ⁻ PLANTATI | | 7 US | | | |
| | e named entity e of Florida. | submits this statement for the | purpose of changing its registere | ed office or registered agent, or both, | |
| SIGNATUI | RE: | | | | |
| Electronic Signature of Registered Age | | | ent | Date | |
| Election Car | mpaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | PD (SCHULTZ, HEN 5921 SW 19TH PLANTATION, | I ST | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | TD (SCHULTZ, COI 5921 SW 19TH PLANTATION, | IST | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | SD (SOLIGAN, MIC 5921 SW 19TH PLANTATION, I | IST | Title: Name: Address: City-St-Zip: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: HENRY SCHULTZ PD 04/09/2007