2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:/

FILED Mar 25, 2005 08:00 AM Secretary of State

DOCUMENT # 597,522 1. Entity Name QUALITY SHELTERS, INC. Principal Place of Business Mi		Mailing Address			Sec	crétary of State
213 HARRISO TITUSVILLE, I	ON ST.	Mailing Address 213 HARRISON ST. TITUSVILLE, FL 32780				
				031 5200 5	No Chg-P	CR2E034 (10/03)
				4. FEI Number 59-1979		Applied For Not Applicable
	and the state of t	do interest, son consequent and in in the second and in the second	ay proceeding and an array of the second	5. Certificate o	f Status Desired	S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent						
KIRK, ROBERT W 213 HARRISON ST. —						
TITUSVILL	LE, FL 32780					
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. 100000276561 37/25/05-80046-010 150 00						
SIGNATURE_	Signature, typed or printed name of registered agent and	I title if applicable. (NOTE, Registere	ed Agant signature require	ed when reinstating)	กอบ ตั้วบก:	DATE 150 I UI
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Fina Trust Fund Contribution.		5.00 May Be ided to Fees		
10.	OFFICERS AND D	RECTORS				
TITLE NAME	PD KIRK, JESSIE D					
STREET ADDRESS CITY-ST-ZIP	213 HARRISON ST. TITUSVILLE, FL 32780					
TITLE	VP/D					
NAME STREET ADDRESS	KIRK, ROBERT W 213 HARRISON ST.	_ ·	and the second second	yang mangan an managahan bahar an ara	man mer og mennemen og	والمامة المصنفي الرواد والمتحارب والمتصنف والمتحاولة والمتحاولة المتحادة والمتحادث
CETY-ST-ZEP	TITUSVILLE, FL 32760 VP/D		<u> </u>			
NAME	KIRK, ROBERT W JR.	•				
STREET ADDRESS CITY-ST-ZIP	213 HARRISON ST. TITUSVILLE, FL 32780	manager of the state of the sta				
TITLE NAME STREET ADDRESS CITY-SI-ZIP						
TITLE		<u> </u>				
NAME STREET ADDRESS CITY-ST-ZIP			_			
TITLE NAME						
STREET ADDRESS CITY-ST-ZIP						
12. I hereby indicated of the corchanged	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empower, or on an attachment with an attachment with an attachment.	his filing does not qualify for the extrue and accurate and that my signatered to execute this report as required to execute this report as required to execute this report as required.	emption stated in Stature shall have the lired by Chapter 6	Section 119.07(3)(i) e same legal effect 07, Florida Statutes), Florida Statutes. I as if made under c s; and that my name	further certify that the information ath; that I am an officer or director appears in Block 10 or Block 11 if

JESSIE D. KIRK, P