2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#746599

FILED Apr 27, 2009 Secretary of State

Entity Name: QUOTA INTERNATIONAL OF THE PALM BEACHES, INC.

Current Principal Place of Business: New Principal Place of Business: % MIRIAM MCILVAINE % MIRIAM MCILVAINE 1526 NORTH "J" TERRACE 1526 NORTH J TERRACE LAKE WORTH, FL 334601813 LAKE WORTH, FL 334601813 **Current Mailing Address:** New Mailing Address: % MIRIAM MCILVAINE % MIRIAM MCILVAINE 1526 NORTH "J" TERRACE 1526 NORTH J TERRACE LAKE WORTH, FL 334601813 LAKE WORTH, FL 334601813 FEI Number: 59-2047626 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCILVAINE, MIRIAM 1526 NORTH J TERRACE LAKE WORTH, FL 33460 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition MCILVAINE, MIRIAM M MCILVAINE, MIRIAM M Name: Name: 1526 N J TERR. Address: 1526 N J TERR. Address: City-St-Zip: LAKE WORTH, FL 33460 City-St-Zip: LAKE WORTH, FL 33460 Title: VPD () Delete Title: (X) Change () Addition CAMERON, CALLIE Name: CAMERON, CALLIE Name: Address: 3729 SW 13 TERR Address: 3729 SW 13 TERR City-St-Zip: OKECHOBEE, FL 34924 City-St-Zip: OKECHOBEE, FL 34924 Title: () Delete Title: () Change () Addition GUTHRIE, SUSAN Name: Name: 5843A SUGAR PLUM CT. Address: Address: City-St-Zip: DELRAY BEACH, FL 33484 City-St-Zip: Title: () Delete Title: PD () Change (X) Addition Name: Name: FETCHIK, MARIAN E 7589 DOWNWINDS LANE Address: Address: City-St-Zip: City-St-Zip: LAKE WORTH, FL 33467 Title: () Delete Title: () Change (X) Addition FETCHIK, RICHARD A SR. Name: Name: 7589 DOWNWINDS LANE Address: Address: City-St-Zip: City-St-Zip: LAKE WORTH, FL 33467

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIRIAM MCILVAINE TD 04/27/2009