



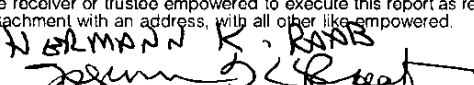
2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2007 8:00 am
Secretary of State

02-02-2007 90010 029 ****61.25

DOCUMENT # 754016 1. Entity Name QUAILWOOD HOLDING CORPORATION, INC.			
Principal Place of Business 103 QUAIL RD HAWTHORNE FL 32640 US		Mailing Address 103 QUAIL RD HAWTHORNE FL 32640 US	
2. Principal Place of Business - No P.O. Box # 188 E. COWPEN LK. ROAD Suite, Apt. #, etc.		3. Mailing Address 188 E. COWPEN LK. ROAD Suite, Apt. #, etc.	
City & State HAWTHORNE, FL Zip 32640		City & State HAWTHORNE, FL Zip 32640	
Country POTNAM		Country POTNAM	
4. FEI Number NO-T APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAAB, HERMANN 103 QUAIL RD HAWTHORNE FL 32640		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAAB, HERMANN K. 103 QUAIL ROAD HAWTHORNE FL 32640	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KITTLES, DANIEL 8661 OAK VIEW RD MELROSE FL 32666	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STROUD, ANGEL 108 SANDY BEACH LANE HAWTHORNE FL 32640-9801	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STORTZ, ROBERT 709 NE COUNTY RD 234 GAINESVILLE FL 32641	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, TESSA 109 SANDY BEACH LANE HAWTHORNE, FL 32640	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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:  **HERMANN K. RAAB**
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **1/29/07** Daytime Phone: **352-219-0826**