2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

02-09-2006 90038 016 ***150 00 DOCUMENT # F02000001310 1. Entity Name QSHGP, INC. Principal Place of Business Mailing Address 5810 EAST SKELLY DRIVE, SUITE 1650 5810 EAST SKELLY DRIVE, SUITE 1650 TULSA, OK 74135 TULSA, OK 74135 3. Mailing Address 2. Principal Place of Business Suite, Apt, #, etc. Suite, Apt. #, etc. 02062006 CR2E034 (11/05) Chg-P City & State 4. FEI Number Applied For City & State 75-2341787 Not Applicable Zip Country Country \$8.75 Additional ... 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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 \$5.00 мау Ве 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PCD PD 1ITLE ☐ Delete TITLE Addition 🔲 HOJEL, PHYLLIS S HOJEL, PHYLLIS \$ NAME NAME SBIO EAST SKELLY DRIDE SUITE 1650 STREET ADDRESS 5810 EAST SKELLY DRIVE, SUITE 1650 STREET ADDRESS 74135 CITY-ST-ZIP CITY-ST-ZIP TULSA, OK 74135 TULSA, OK CD TITLE ☐ Delete TITLE ☐ Change Addition HOJEL, RICHARD C NAME NAME STREET ADDRESS STREET ADDRESS 5810 EAST SKELLY DRIVE, SUITE 1650 CITY-ST-ZIP TULSA, OK 74135 CITY-ST-ZIP ☐ Defete TITLE **5** D **⊠** Change ☐ Addition TITLE RAINS, TAMAR NAME RAINS, TAMARA NAME 5810 EAST SKELLY DRIVE, SUITE 1650 5810 EAST SKELLY DIZIVE, SUITE 1650 STREET ADDRESS STREET ADDRESS TULSA, OK 74135 CITY-\$7-2P CITY-ST-ZIP TULSA, OK 74135 TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete IIII F ☐ Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

TAMARA RAINS 1/4/06
TOR Date

FILED Feb 09, 2006 8:00 am

Secretary of State