## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F05000001845

Entity Name: PINNACLE QA SERVICES, INC.

FILED Apr 27, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 759 NW 6TH DRIVE 759 NW 6TH DRIVE BOCA RATON, FL 33486 BOCA RATON, FL 33486 US **Current Mailing Address: New Mailing Address:** 759 NW 6TH DRIVE 759 NW 6TH DRIVE BOCA RATON, FL 33486 BOCA RATON, FL 33486 US FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: **BUSINESS FILINGS INCORPORATED DENT & CEOILINGS INCORPORATED** 1203 GOVERNORS SQUARE BLVD 1203 GOVERNORS SQUARE BLVD SUITE 101 SUITE 101 TALLAHASSEE, FL 323012960 US TALLAHASSEE, FL 323012960 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: BUSINESS FILINGS INCORPORATED 04/27/2006 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DPST ( ) Delete Title: (X) Change ( ) Addition SCANDARIATO, JENNIFER SCANDARIATO, JENNIFER Name: Name: 759 NW 6TH DRIVE 759 NW 6TH DRIVE Address: Address: City-St-Zip: BOCA RATON, FL 33486 City-St-Zip: BOCA RATON, FL 33486 VΡ () Delete Title: (X) Change ( ) Addition Title: SCANDARIATO, JENNIFER Name: SCANDARIATO, MARK Name: 759 NW 6TH DRIVE 759 NW 6TH DRIVE Address: Address: BOCA RATON, FL 33486 BOCA RATON, FL 33486 City-St-Zip: City-St-Zip: Title: Title: () Delete ( ) Change (X) Addition SCANDARIATO, JENNIFER Name: Name: 759 NW 6TH DRIVE Address Address: City-St-Zip: City-St-Zip: BOCA RATON, FL 33486 Title: () Delete Title: ( ) Change (X) Addition SCANDARIATO, JENNIFER Name: Name: Address: Address: 759 NW 6TH DRIVE City-St-Zip: City-St-Zip: BOCA RATON, FL 33486 Title: Title: ( ) Change (X) Addition () Delete SCANDARIATO, MARK Name: Name: Address: Address: 759 NW 6TH DRIVE

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.

City-St-Zip:

BOCA RATON, FL 33486

SIGNATURE: JENNIFER SCANDARITO PRES 04/27/2006

City-St-Zip: